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THE
MEDICAL AND SURGICAL
REPORTER.

WHOLE SERIES, NO. 102. | PHILADELPHIA, OCTOBER 1, 1858. | NEW SERIES, VOL. I. NO. 1.

Account of the

HOSPITALS, SCHOOLS OF MEDICINE, PRIVATE LECTURES, EXAMINATIONS, ETC., IN PHILADELPHIA.

For the Session of 1858–9.

THE time is near at hand when the Medical Colleges of this city will resume their annual course of instruction, thus setting in motion a vast amount and variety of machinery, all having for its object the accommodation of the hundreds of students who resort to this city from all parts of our own country and from abroad, for the purpose of pursuing their medical studies. Philadelphia has so long been the recognized medical centre of the Western world, that her schools are well patronized, and as a consequence, their faculties are composed of the most capable men in the various departments of instruction that can be found in our country, whose means of illustrating their lectures are unsurpassed on this side of the Atlantic. The size of the city and the known liberality of its citizens have also provided extensive hospital facilities, which, though their present management may not be all that we could desire in order to promote the best interests of the student—and we may say, of the schools, and the city itself—are yet scarcely equalled, certainly not surpassed, by any similar advantages in our country.

At the sacrifice of much time and labor, we have collected and arranged under their appropriate heads the advantages held out to medical students in this city. In doing this we have been actuated by a sincere desire to promote the welfare of the schools, and of the city of our adoption, and to place before the student at a glance the opportunities for medical study that this city offers, thus saving him much labor, besides introducing to his notice the various teachers who devote their time and attention to his advancement. In our arrangement we have sought to be absolutely impartial, as we think will be conceded after an examination of the following pages. Where precedence had to be given, we have given it to age. The private Lectures, Classes, etc., we have introduced as it happened, without any special order or precedence in view. The general result shows the very great importance that medical teaching has acquired in this city. We have here a formidable array of names, some of them of world-wide reputation, engaged in the business of medical teaching. A vast amount of talent and energy are expended here, which will or will not accomplish much, according to the direction in which it is expended. It will be our duty, as we shall esteem it our privilege, to use our influence to guide this talent and energy into right channels, where they may be of the utmost benefit to the student. We shall not be in haste to press our ideas on the subject of medical education, but shall use whatever influence we may have, to turn to the best account for the student, the methods of instruction as they now exist in this city. As the hope of the future of the world centres in the children of this generation, so the hope of the medical profession rests upon those who now occupy the benches of our lecture and class-rooms. It is, therefore, of the utmost importance that the instruction imparted to them be sound and practical.

The student, who is sincerely desirous of improving his opportunities, will study a rational economy of time and money; will attend closely to his various—and it it must be admitted arduous—duties, be always found at his place in the lecture or class-room; and his aim will be to acquire a *thorough* knowledge of his profession, as distinguished from a mere desire to "pass" his examination. The eye of the Professor readily distinguishes the *student* from the superficial *reader*, and on examination-day, and through his whole life, he is well repaid for the close attention he gave to his studies.

The several Hospitals, Dispensaries and other institutions of the city, make appointments of recent graduates each spring and

fall, thus presenting facilities for sound Hospital instruction unsurpassed in the country.

Medical Colleges, &c.

MEDICAL DEPARTMENT OF THE UNIVERSITY OF PENNSYLVANIA.

LOCATION—*Ninth Street, above Chestnut.*

This is the oldest medical school in this country. The date of the appointment of the first medical professor was May 3, 1765. The idea of establishing a medical school in this city seems to have originated with Drs. Wm. Shippen and John Morgan. The latter gentleman was appointed, as above, "Professor of the Theory and Practice of Physic," and on the 23d of September following, Dr. Shippen received the appointment of Professor of Anatomy and Surgery. In 1768 Drs. ADAM KUHN and THOMAS BOND were added to the faculty, and on the 21st of June of that year the degree of Bachelor of Medicine was conferred on ten young men, being the first medical honors conferred in America.—In 1769 Dr. BENJAMIN RUSH was added to the faculty. This may be said to have completed the organization of this school. It is not our purpose to follow its history any further.

The regular Lectures for the session of 1858–9 will commence on Monday, October 11th, and continue, without intermission, until the middle of March ensuing.

Abstract of Regulations for the Degree of Doctor of Medicine.

Candidates are required :—

To have attained the age of twenty-one; to be of good moral character; to have applied themselves to the study of Medicine for three years, and been during that time the private pupil, for two years, at least, of a respectable practitioner of Medicine.

To have attended two complete courses of the following Lectures, one of which must be in this Institution :

Theory and Practice of Medicine; Anatomy; Materia Medica and Pharmacy; Chemistry; Surgery; Obstetrics, and the Diseases of Women and Children; Institutes of Medicine.

To have attended one course of Clinical Instruction in the Pennsylvania Hospital, or *some other* Institution approved of by the Faculty of Medicine.

To give evidence to the Dean that the above rules have been complied with.

To deliver to the Dean a Thesis, composed by himself, on some Medical subject, which is referred to one of the Professors, who shall examine the candidate upon it, and report to the Medical Faculty.

When a candidate is rejected, his essay will be retained by the faculty.

The essay must be in the candidate's own handwriting, and must be written uniformly on letter-paper of the same size, the alternate pages being left blank.

Bad spelling in a thesis, or evidences of want of a literary culture, will preclude a candidate from examination for a degree.

A thesis may be published by a candidate if he desire it, with the permission of the Professor by whom he was examined thereon; but no alteration shall be made in such thesis without the consent of said Professor.

Candidates who have not been successful upon a first examination, will be permitted to have a second, when all the classes have been disposed of. This examination will be conducted in full meeting of the Professors.

Candidates shall pay the fees of graduation at the time of examination.

The Degree will not be conferred upon a candidate who absents himself from the Public Commencement, except by special permission of the Medical Faculty.

EXPENSES.

Fees for the Course of Lectures, - -	$105
Matriculating Fee, (paid once only,) -	5
Graduating Fee, - - - - - - - -	30

The Wistar and Horner Museum contains an extensive Anatomical and Pathological collection, which is open to the students free of cost.

Apply to R. E. ROGERS, M.D., *Dean, at the University.*

—

ANATOMICAL ROOMS.

JOSEPH LEIDY, M.D., Professor.
WM. HUNT, M.D., Demonstrator.

Assistants.

JAS. DARRACH, M.D. | H. D. SCHMIDT, M.D.

The ticket admits to the Dissecting-room, and to a course on Regional Anatomy and Recapitulatory Lectures. Dr. SCHMIDT gives instruction in Microscopy.

FEE, $10.00.

JEFFERSON MEDICAL COLLEGE.

LOCATION—*Tenth Street, below Chestnut.*

Established in 1825, by the exertions of Dr. George McClellan, in connection with the Jefferson College at Canonsburg, Washington County, Pa., which arrangement continued until 1838, when a separate charter was obtained, and the connection ceased.—The first building was the Old Tivoli Theatre, in Prune Street, below Sixth, now a mineral-water establishment, where it remained till 1828, when the class becoming larger, it was removed to the present location, and the present building was erected. The faculty has been changed several times, but the present professors, with the exception of those recently appointed, have held their posts since 1840. Death has broken their ranks in one instance, while two others of the faculty have resigned from ill health.

The regular course of lectures for the Session of 1858-9 will commence October 11th, and continue till March 1st ensuing.

Regulations for the Degree.

Candidates are required:—

To be of good moral character, and at least twenty-one years of age; to have attended two full courses of lectures in some respectable Medical School, one of which shall have been in this College, and must exhibit their tickets, or other adequate evidence thereof, to the Dean of the Faculty; to have studied medicine for not less than three years, and have attended at least one course of clinical instruction in an Institution approved by the Faculty.

To present to the Dean of the Faculty a thesis, of his own composition, correctly written, and in his own handwriting, on some medical subject; and exhibit to the Faculty, at his examination, satisfactory evidence of his professional attainments. If, after examination for a degree, the candidate, on ballot, shall be found to have received three negative votes, he shall be entitled to a fresh examination. Should he decline this, he may withdraw his thesis, and not be considered as rejected.

The degree will not be conferred upon any candidate who absents himself from the public Commencement, except by special permission of the Faculty.

EXPENSES.

Fees for the course of Lectures, - - -	$105
Matriculating fee, (paid once only,) -	5
Graduating fee, - - - - - - - -	30

There is a fine collection of anatomical and pathological specimens in the Museum.

Apply to R. DUNGLISON, M.D., 1116 *Girard St., or at the College.*

—

ANATOMICAL ROOMS.

JOS. PANCOAST, M.D., Professor.

E. WALLACE, M.D., Demonstrator.

The ticket admits to the Dissecting-rooms, and also to a course of Recapitulatory Lectures.

FEE, $10.00

MEDICAL DEPARTMENT OF PENNSYLVANIA COLLEGE.

LOCATION—*Ninth Street, below Locust.*

This Institution was founded in 1839, and authorized to confer degrees in 1840. The regular course of Lectures for the session of 1858–9 will commence on Monday, October 11th, and continue, without intermission, until the 1st of March ensuing.

Requisites for Graduation.

Candidates are required:—

To have attained the age of twenty-one years; to be of good moral character; to have applied themselves to the study of medicine for three years, (courses of lectures included,) and to have been during that time the pupil, for at least two years, of a respectable practitioner of medicine.

To have attended two complete courses of lectures on all the branches, one of which must have been in this Institution.

To have attended at least one course of Clinical Instruction in some Institution approved by the Faculty, and one course of Practical Anatomy.

To present to the Registrar a thesis composed by himself, on some medical subject, in the English, Latin, German or French language. It must be in the candidate's own handwriting, and written correctly, uniformly, and distinctly. The Faculty, regarding this essay as evidence of the preliminary education of the candidate, will rigidly scrutinize it in regard to his attainments.

To pay his Graduation Fee at or before the time of his examination, which, if the candidate is unsuccessful, is returned, but the thesis is retained.

The degree will not be conferred on any candidate who absents himself from the pub-

lic Commencement, without the permission of the Faculty.

EXPENSES.

Matriculation Fee, (paid once only,) - $5
Graduation Fee, - - - - - - - - - 30
Fee for each Ticket, - - - - - - - - 15

Apply to F. G. SMITH, M.D., *Registrar*, 1504 *Walnut St., or at the College.*

—

ANATOMICAL ROOMS.

J. H. B. MCCLELLAN, M.D., Professor.
J. F. BELL, M.D., Demonstrator.

The rooms are open during the day, and until 10 o'clock in the evening, from the latter part of September to the 1st of May.

FEE, $10.00.

PHILADELPHIA COLLEGE OF MEDICINE.

LOCATION—*Fifth Street, below Walnut.*

This College commences its twenty-third session this fall. It was reorganized with the present faculty in 1854.

The regular course of lectures for the session of 1858–9 will begin on Monday, October 11th, and continue till March ensuing.

Requirements for Graduation.

Candidates are required :—

To be of good and approved moral character; to have studied medicine for the period of three years in the office of a respectable practitioner; to have attended two or more full courses of lectures on Anatomy, Chemistry, Materia Medica, Practice of Medicine, Surgery, Midwifery and Institutes, one of which shall have been in this Institution, and the other in some Medical School recognized by it; to have attended at least one course of Practical Anatomy, and one course of Hospital Practice, or its equivalent.

To submit to the Faculty a satisfactory thesis on some medical subject, selected by himself, and written in his own hand, on thesis paper, in English, Spanish, French, German or Latin; and that he shall pass a satisfactory examination before the Faculty.

Premature examinations will not be granted, except under circumstances of extraordinary urgency and imperativeness, and only to unusually advanced students.

A copy of the Code of Ethics of the American Medical Association is presented to each Graduate, at the Commencement, with his Diploma.

EXPENSES.

Matriculation Fee, (paid once only,) - $5
A Full Winter Course, - - - - - - 100
A Perpetual Ticket, - - - - - - - 150
Graduation Fee, (to be deposited with the thesis,) - - - - - - - $30

The College possesses an extensive Anatomical and Pathological Museum, besides an abundance of preparations for demonstrating each course of lectures. A commodious and well-lighted and warmed Reading-room is provided for the use of the students. Each second-course student, or holder of a perpetual ticket, is provided with a free ticket to the Pennsylvania Hospital.

Apply to B. H. RAND, M.D., *Dean*, 130 *South Ninth St., or at the College.*

—

ANATOMICAL ROOMS.

W. H. GOBRECHT, M.D., Professor.
W. BRADLEY, M.D., Demonstrator.

Material for the pursuit of Practical Anatomy provided, free of charge.

FEE, $10.00.

SUMMER SUPPLEMENTARY COURSE.

This course begins early in April, and continues about three months, three lectures being given each day on important branches which are necessarily excluded from the Winter Course for want of time. These lectures are upon the following subjects:—The Application of the Microscope to Physiology, Pathology and Diagnosis; Practical Pharmacy; Diseases of the Eye, Ear and Genito-Urinary Organs; Infants and their Diseases; General Pathology, Semiology and Therapeutics; Physical Diagnosis; General and Organic Chemistry; Topographical Anatomy, and Medical Jurisprudence and Toxicology. Graduates of this College—those who hold the Perpetual Ticket, and those who have paid for two full courses—will be admitted to this course without charge. (It is optional with the student whether he takes the Supplementary Course.)

EXPENSES.

For the whole course, - - . - - - - $35
Single ticket upon either branch, - - 7

Apply as above.

PHILADELPHIA COLLEGE OF PHARMACY.

LOCATION—*Zane St., between Seventh and Eighth, and Arch and Market.*

The 38th course of Lectures in this College begins on the 1st of October. The lectures are given on Monday, Wednesday and Friday *evenings* of every week through the winter, at 7 and at 8 o'clock. The branches taught are *General Chemistry, Practical Pharmacy*, and *Materia Medica.*

Candidates for graduation are required:—

To attend two full courses of lectures in a respectable College of Pharmacy, the last of which shall be in this institution.

To be of good moral character.

To have arrived at the age of twenty-one years.

To have served an apprenticeship of four years at the Drug and Apothecary business.

To present an original dissertation on a subject connected with one of the branches taught.

And to pass an examination before the Faculty and Committee of the College.

FEES.

For each course of Lectures, - - - - $8
Matriculation Fee, (paid but once,) - - 2
Graduating Fee, - - - - - - - - - 5

Apply to ALFRED B. TAYLOR, *Secretary, S.E. Corner of Ninth and Walnut Sts.*

PHILADELPHIA COLLEGE OF DENTAL SURGERY.

LOCATION—*No.* 528 *Arch Street.*

The lectures commence on Monday, the 1st of November, but the Dispensary and Laboratory will be open from the 1st of October. Clinical lectures are delivered, and operations performed, every Saturday afternoon. Fifteen lectures are delivered each week, on the various branches taught in the school.

There are five professorships, viz.: of Dental Physiology and Operative Dentistry; of Chemistry and Metallurgy; of the Principles of Dental Surgery and Therapeutics; of Anatomy and Physiology; and of Mechanical Dentistry; also, a Demonstrator of Operative Dentistry, and one of Mechanical Dentistry.

Candidates for graduation are required:—

To be twenty-one years of age, and of good moral character.

To have studied under a private preceptor at least two years, including his course of instruction at the College.

To have attended two full courses of lectures, the first in any respectable Dental or Medical College, and the last in this institution. (Five years of practice, inclusive of the term of pupilage, will also be considered equivalent to the first course of lectures.)

To prepare and defend a thesis upon some subject connected with the theory or practice of dentistry.

To treat thoroughly some patient requiring all the usual dental operations, and bring such patient before the Professor of Operative Dentistry. He must also take up at least one artificial case, and after it is completed, bring his patient before the Professor of Mechanical Dentistry.

To prepare a specimen case to be deposited in the college collection.

To perform the operations and the work in the artificial cases at the College building.

To undergo an examination by the Faculty, when, if found qualified, he shall receive the Degree of Doctor of Dental Surgery.

FEES.

For the course, (Demonstrator's ticket included,) - - - - $100
Matriculation, (paid but once,) - 5
Diploma Fee, - - - - 30

Apply to DR. T. L. BUCKINGHAM, *Dean,* 243 *N. Ninth Street.*

THE POLYTECHNIC COLLEGE.

LOCATION—*Market Street, and West Penn Square.*

This Institution comprises a Preparatory Department and five Technical Schools, viz.: of Civil Engineering; of Mechanical Engineering; of Mines; of Chemistry and an Agricultural School.

This institution affords those who desire it an excellent opportunity of pursuing a course of study in the higher departments of practical technics. Students are admitted to partial courses without examination.

The following are the professorships: Applied Mathematics, Civil Engineering and Mechanics; Geology and Mine Engineering; Mineralogy, Industrial, Analytical and Agricultural Chemistry; Mechanical, Topographical and Architectural Drawing; Modern Languages and Literature; and a Lecturer on Industrial Jurisprudence.

Apply to ALFRED L. KENNEDY, M.D., *at the College.*

Practical Anatomy.

PHILADELPHIA SCHOOL OF ANATOMY.

LOCATION—*College Avenue.*

Entrance on Tenth Street, above Chestnut.

The Winter Term begins on the 1st of September, and continues till the 1st of March. The Anatomical Rooms are open for the pursuit of Practical Anatomy from 8, A.M., until 10, P M.

There are five Lectures given every week,

four being devoted to Special, and one to Surgical, Anatomy. The lectures are given in the evening, at an hour that will not interfere with the exercises in the different institutions.

The Medical Colleges make it optional with the student where he takes his Dissecting-ticket. The opportunities for the prosecution of Practical Anatomy are equal to those in any of the colleges. There is a complete Anatomical Museum for purposes of demonstration.

Lecturer—D. H. Agnew, M.D.

Demonstrators—Drs. S. W. Gross, C. P. Tutt, and M. J. Asch.

FEE, $10.00.

A course of examinations is given on all the branches of medicine, commencing about the 1st of January, and continuing to the close of the college examinations for the Degree.

Apply to DR. AGNEW, *No.* 16 *North Eleventh Street, or at the Rooms.*

COLLEGE AVENUE ANATOMICAL SCHOOL.

LOCATION—*College Avenue.*

Entrance on Tenth Street, above Chestnut.

The Winter term begins on the 1st of September, and continues till the 1st of March. The Anatomical Rooms are open for the pursuit of Practical Anatomy every day from 8, A.M., until 10, P.M.

There are five Lectures given every week, four of which will be devoted to General Anatomy, and one to Surgical Anatomy.—The lectures are given in the evening, at an hour that will not interfere with the exercises in the different Institutions.

The Medical Colleges make it optional with the student where he takes his Dissecting-ticket. The opportunities for the prosecution of Practical Anatomy are equal to those in any of the Colleges. There is a complete Anatomical Museum for purposes of demonstration.

Lecturer—W. S. Forbes, M.D.

Demonstrator—W. D. Hoyt, M.D.

FEE, $10.00.

These rooms are also open during the spring and summer months, to gentlemen wishing to prosecute *Practical Anatomy* and *Operative Surgery.*

Apply to DR. FORBES, *at the rooms.*

Hospitals.

PENNSYLVANIA HOSPITAL.

LOCATION—*The Square, bounded by 8th & 9th and Spruce & Walnut Sts.*

This institution was founded in 1751 by Dr. BOND and BENJAMIN FRANKLIN. It was first located on Market St., west of Fifth, south side; but removed to its present location in 1754. The present building was erected in 1756. It has a front of 281 feet, and is surrounded by spacious gardens, and shaded by lofty trees, the square on which it stands containing four and a quarter acres of ground. It has accommodations for—— patients. During the year 1857 there were 1075 surgical and 747 medical cases admitted.

Physicians.	*Term of Service.*	*Surgeons.*
GEO. B. WOOD, M.D.	Nov. 1 to Feb. 1	
	Oct. 1 to Jan. 1	G. W. NORRIS, M.D.
W. PEPPER, M.D.	Feb. 1 to May 1	
	Jan. 1 to April 1	E. PEACE, M.D.
W. W. GERHARD, M.D.	May 1 to Aug. 1	
	April 1 to July 1	JOHN NEILL, M.D.
J. J. LEVICK, M.D.	Aug. 1 to Nov. 1	
	July 1 to Oct. 1	JOS. PANCOAST, M.D.

Resident Physicians.

T. G. MORTON, M.D., A. H. SMITH, M.D., J. H. HUTCHINSON, M.D.

Apothecary—JOHN CONRAD, M.D.

Clerk and Librarian—DAVID T. LEWIS.

Times of Attendance of Medical Officers.

The Physicians give Clinical Lectures in the lecture-room of the Hospital at 10 o'clk. A.M., on each Wednesday and Saturday of their term of service, and the Surgeons give Clinical lectures on Surgery at 11 o'clock on the same days, during their term of service.

During the Summer months, besides the bi-weekly clinics, *daily visits* are made with a limited number of pupils to the surgical and medical wards respectively, by Drs. NEILL, GERHARD, and LEVICK, an additional opportunity being thus afforded the student to familiarize himself with the diagnosis and treatment of disease. The Hospital has a Lying-in Department.

This Hospital possesses much the largest medical library in this country, the collection amounting to over 10,000 volumes. It was founded, and is supported, by the fees derived from students' tickets.

EXPENSES.

A fee of $10 entitles the student to the privileges of the Hospital for a year, including the use of the Library, under certain restrictions.

Apply at the Hospital, or to the Deans of the several Colleges.

PENNSYLVANIA HOSPITAL FOR THE INSANE.

This is a branch of the Pennsylvania Hospital, a section of that building having been appropriated to the use of the Insane till 1841, when the insane patients were removed to the new structure, two miles west of the river Schuylkill. Extensive additions have recently been made to the buildings. On the 24th of April last, there were 235 patients in this department of the Pennsylvania Hospital.

Physician—THOS. S. KIRKBRIDE, M.D.

Assistant Physician—EDWARD A. SMITH, M.D.

PHILADELPHIA HOSPITAL, BLOCKLEY.

LOCATION—*West Side of the Schuylkill River, about half a mile below Market St.*

This is one of the most extensive institutions of the kind in the United States, having large buildings for the accommodation of the sick and insane.

It is divided into male and female wards; the former being again divided into surgical, medical, venereal, and clinical. The latter into the same, with the addition of obstetrical, nursery, and asylum for children. Here may be seen every variety of malady to which the human frame is liable. During the winter and the lecture season, students are admitted to the public clinics by the payment of $10, which entitles the holder to visit it for one year. It is easily reached by means of the Market Street Passenger Railway.

This institution is managed by the Guardians of the Poor, elected each year by the people, and the whole support is derived from the poor-tax of the city. The Medical Board consists of a Resident Physician-in-chief, who lives in the building and superintends the general management, with eight Assistants, who hold their office for two years.

Resident Physician—R. K. SMITH, M.D.

Assistants — There are eight Assistant Physicians.

WILLS' HOSPITAL
FOR DISEASES OF THE EYE AND LIMBS.

LOCATION—*Race St.. between 18th & 19th, opposite Logan Square.*

Founded by the late JAMES WILLS, and opened for occupation March 1st, 1834.—Devoted to the treatment of curable diseases of the eyes, and of such curable diseases of the limbs as involve lameness. From 1500 to 2000 patients are treated in the course of the year, and there is an average of from 30 to 50 inmates. *Clinical days:* Mondays and Fridays.

Physicians.	*Terms of Service.*	*Surgeons.*
J. J. Levick, M.D.,	Jan., Feb., March,	E. Hartshorne, M.D.
J. J. Reese, M.D.,	April, May, June,	S. Littell, M.D.
S. L. Hollingsworth, M.D.,	July, Aug., Sept.	Wm. Hunt, M.D.
J. L. Tyson, M.D.,	October, Nov., Dec.,	A. Hewson, M.D.

EDWARD LIVEZEY, M. D., *Resident Physician.*

CITY HOSPITAL.

LOCATION—*Coates St., between 19th & 20th*

Established by an Act of the Legislature in 1810, as a Small-pox Hospital, and used chiefly for small pox, ship fever and cholera patients. It occupies with its grounds, an entire square. There are accommodations for 150 beds, and a few cases of contagious or pestilential disease are generally to be found in the hospital, while, during epidemics, a large number of cases are received and treated. Steps have recently been taken by the City Councils to remove this hospital to a more eligible location, about two miles due north of its present site.

Physician—L. W. BUFFINGTON, M.D., No. 1602 Filbert Street.

ST. JOSEPH'S HOSPITAL.

LOCATION—*Girard Avenue, between Sixteenth and Seventeenth Streets.*

This Institution, which is under the immediate supervision of ladies of the religious order of St. Joseph, was founded in 1849, in great measure through the influence of the late Dr. W. E. HORNER. He bequeathed to the hospital his medical library and his collection of surgical instruments. By the terms of its charter, the benefits and advantages of the hospital are "extended to the sick, without reference to creed, country or color." Through the influence of Dr. HORNER, we believe, it is also provided that the Medical staff shall not be of a sectarian character. The hospital has accommodations for 100 patients.

Physicians.	*Term of Service.*	*Surgeons.*
S. W. Mitchell, M.D.,	Jan. 1 to May 1	J. H. B. M'Clellan, M.D.
A. B. Keller, M.D.	May 1 to Sept. 1	W. B. Page, M.D.
W. V. Keating, M.D.	Sept. 1 to Jan. 1	Henry H. Smith, M.D

Pathologist—Joseph Leidy, M.D.

Resident Physicians—Dr. Darby and Dr. King.

Apply at the Hospital or to any of the Surgeons or Physicians.

EPISCOPAL HOSPITAL.

LOCATION—*Corner of Huntingdon and Front Streets.*

Founded by members of the Episcopal Church, but open to the sick of every country, creed or color. Opened for the reception of patients in December, 1853. Has accommodations for 30 patients. The number of patients treated in the wards during 1857 was 338, the average daily number having been 30. In addition to these, 2136 out-patients were treated.

Physicians. *Terms of Service.* *Surgeons.*
J. C. Morris, M.D., Jan., Feb., March. Wm. Hunt, M.D.
J. B. Biddle, M.D., April, May, June. H. E. Drayton, M.D.
J. Da Costa, M.D., July, Aug., Sept. R. S. Kenderdine, M.D.
Wm. Mayburry, M.D., Oct., Nov., Dec. R. P. Thomas, M.D.

Accoucheurs.
J. Wiltbank, M.D., January 1, to July 1.
A. E. Stocker, M.D., July 1, to January 1,

House Residents—Drs. Henry S. Schell and Samuel C. Sharpe.

There is a corps of ten assistant physicians and surgeons.

Apply to Rev. J. A. CHILDS, 524 *Walnut Street.*

CHILDREN'S HOSPITAL.

LOCATION—*Blight Street, between Juniper and Broad and Pine and Lombard Sts.*

Physicians.

R. A. F. PENROSE, M.D., 1133 Spruce St.
T. HEWSON BACHE, M.D., S. E. Corner of Juniper and Spruce Streets.

This institution has been in operation about five years, and has a Resident Physician and nurses for the proper care of children. We have failed to learn any thing further in regard to it.

UNIVERSITY HOSPITAL AND DISPENSARY.

LOCATION—*At the University.*

Established by the Professors chiefly for the benefit of the students of the University, to whom its privileges are free. Clinics are held by the Professors on Wednesdays and Saturdays, from 12 M. to 2 P.M. There is also a daily clinic at the Dispensary.

During the past year, 4500 cases were brought before the class. A limited number of beds are provided.

JEFFERSON COLLEGE HOSPITAL AND DISPENSARY.

LOCATION—*At the Jefferson Medical College.*

Established by the Professors chiefly for the benefit of the students of Jefferson College, to whom its privileges are free. Clinics are held by the Professors on every Wednesday and Saturday, from 12 M. to 2 P.M. There is also a daily clinic at the Dispensary.

During the past year, 1600 cases were brought before the class. A limited number of beds are provided.

PENNSYLVANIA COLLEGE HOSPITAL AND DISPENSARY.

LOCATION—*Adjoining the Pennsylvania Medical College.*

This Hospital and Dispensary have been established for the special benefit of the students of the College, to whom its privileges are free. Clinics are held by the Professors on Wednesdays and Saturdays, from 12 M. to 2 P.M. A limited number of beds are provided. There is also a daily clinic.

PHILADELPHIA COLLEGE HOSPITAL AND DISPENSARY.

LOCATION—*At the Philadelphia College of Medicine.*

Established for the special benefit of the students of the College, to whom its privileges are free. Clinical instruction is given on Wednesdays and Saturdays by the Professors, from 12 M. to 2 P.M., and there is an Obstetrical clinic on Mondays, under the care of the Professor of Obstetrics, at which students will be made practically acquainted with the diseases peculiar to women, the use of the speculum, &c.

LAZARETTO HOSPITAL AND QUARANTINE STATION.

This is situated on Tinicum Island, about twelve miles below the city, and has a resident physician, whose duties are similar to those of Quarantine Physicians generally.

FRIENDS' ASYLUM FOR THE INSANE.

This Institution is under the care of the Society of Friends, and is located near Frankford. It was one of the first establishments of the kind in the United States.

Physician and Superintendent,
J. H. WORTHINGTON, M.D.

PRESTON RETREAT.

LOCATION—*In the northwestern part of the city.*

This was established by the late Dr. JONAS PRESTON, as a Lying-in-Hospital, but the commercial disasters of 1827 destroyed the greater part of the fund set apart for its en-

dowment, has delayed the execution of the design of the founder. The building is now occupied by *The Foster Home Association.*

We are informed that there is a fund in existence, independent of the above, for the purpose of establishing a

HOSPITAL FOR WOMEN.

and efforts are being made to unite it with the above Institution, which it is hoped will soon be applied, as such an establishment is needed.

CHARITY HOSPITAL.

LOCATION—*Buttonwood St., below Broad.*

This Institution, which was opened for the reception of patients in 1857, is temporarily located as above. Its original plan embraces a wide range of usefulness, but as the enterprise is in its infancy, the intentions of the originators of the enterprise are not yet fully carried out. There is an Obstetric department, also a Dispensary connected with the Hospital.

MEDICAL BOARD.

President, A. C. HART, M.D.
James Bryan, M.D., A. W. Griffiths, M.D.
H. St. Clair Ash, M.D., W. P. Vasey, M.D.
B. Price, M. D., W. E. Weatherly, M.D.
Secretary, S. Updegrove, M.D.
Treasurer, Z. Ring Jones, M.D.

PHILADELPHIA LYING-IN CHARITY.

LOCATION—931 *Race Street.*

Physicians:

E. WILSON, M.D., 1339 Arch Street. J. M. CORSE, M.D., 150 N. Tenth St.

Four practical courses in Obstetrics are given each year, by the attending physicians, as follows:

Course beginning on the 14th of February.
" " " 6th of May.
Dr. Wilson, *Lecturer,* Dr. Corse, *Clinical Instruction.*
Course beginning on the 5th of September.
" " " 24th of November.
Dr. Corse, *Lecturer,* Dr. Wilson, *Clinical Instruction.*

Each course continues about eleven weeks, and includes fifty lessons on the great principles of Obstetric Science, and the practical details of the art, and these, when the pupil is prepared by manipulations on the manikin, are verified by opportunities of observing cases.

The members of each class have in rotation the patients of the PHILADELPHIA DISPENSARY, PHILADELPHIA LYING-IN CHARITY and PHILADELPHIA NURSE SOCIETY, assigned them for their care and attendance, with the aid of the Assistants, if necessary, and under the supervision of the Principals.

In addition to the Obstetric course, a Clinic will be held every Saturday, at 9 o'clock, A.M., for the treatment of DISEASES OF WOMEN.

Fee for the Obstetric Course, $15
Fee for Clinical Course, 10

Apply at the Nurses' Home, 931 *Race St., or to either of the Physicians, as above.*

HOME FOR INVALIDS WITH DISEASES OF THE CHEST.

LOCATION—*S. W. Corner of Chestnut and Park Sts., W. Philadelphia.*

This Institution has been established mainly by the liberality of our townsman, SAMUEL S. WHITE, Esq. Its object is to afford to those afflicted with Diseases of the Chest, such hygienic and medicinal treatment as they cannot obtain at their private residences. The locality is an elevated and healthful one in West Philadelphia, and is easy of access from the business part of the city. The establishment is well provided with all the modern conveniences, and the rooms are large, cheerful and airy.

It is intended to establish an Eleemosynary Department for the worthy poor, as soon as a sufficient capital is obtained.

GEO. J. ZEIGLER, M.D., is the attending and Professor SAMUEL JACKSON, M.D., the consulting Physician.

Apply to Dr. Zeigler, Chestnut St. above Fifteenth.

WESTERN CLINICAL INFIRMARY.

LOCATION—*Christian St., above Fifteenth.*

This Institution was chartered in 1854, and now contains beds. It has a board of ten physicians, each of whom devotes himself to a special branch of Medicine and Surgery. Clinics are held on each day, at specified hours. Accidents are admitted if brought immediately after to the Infirmary; curable and incurable cases, which are able to pay their board; such poor as may be deemed worthy objects of charity. Since its organization to the present time, 9019 patients have been treated here, over 2000 of which belong to the last year.

The Institution is supported by subscriptions and donations. Two Resident Physi-

cians are always present to attend to cases and applications.

F. E. Bond, M.D., and Thos. P. Holloway, M.D., *Resident Physicians.*

Dispensaries.

PHILADELPHIA DISPENSARY.

Location—*Fifth Street, below Chestnut.*

Excellent opportunities are afforded at this Dispensary for the observation and study of disease and minor surgery. It is the oldest Dispensary in Philadelphia, having been instituted April 12th, 1786. During the year 1857, 8,072 patients were treated, and there were 435 in the obstetric department There were 26,000 prescriptions compounded.

Consulting Physicians and Surgeons—Drs. Wm. Darrach, H. L. Hodge, G. W. Norris, and W. W. Gerhard.

Obstetric Physicians—Drs. E. Wilson, J. M. Corse.

Resident Physician and Apothecary—Dr. George Martin.

Apply at the Dispensary.

NORTHERN DISPENSARY.

Location—*No.* 106 *Spring Garden St.*

Instituted October 1st, 1816 This Dispensary affords an excellent opportunity for the study of pharmacy and minor surgery.

During the year ending December 31st, 1857, 6973 patients were admitted to the care of the Dispensary, and 12,600 prescriptions compounded; and in the Lying-in Department 41 patients were attended.

Consulting Surgeons—Drs. P. B. Goddard, T. D. Mutter, D. Gilbert and R. P. Thomas.

Consulting Physicians—Drs. S. Jackson, C. Noble, J. Remington, M. M. Levis, J. R. Bryan and W. Maybury.

Consulting Physicians to the Lying-in Department—Drs. H. L. Hodge, B. S. Janney, C. D. Meigs, T. H. Yardley and J. Rhein.

There are eight attending Physicians and Surgeons throughout the District.

Apply at the Dispensary.

MEDICAL DEPARTMENT OF THE HOUSE OF INDUSTRY.

Location—*Catharine St., above Seventh.*

This was formerly the Moyamensing Dispensary, but was shortly merged with the Moyamensing House of Industry, and has rendered much service to the poor.

A large number of cases have been attended, both at its daily clinics and by its attending physicians. That portion of Philadelphia below South Street comprises its limits, which is divided into four districts, each attended by a Physician. Applications for attendance are made at the Dispensary, to the Resident Apothecary, who directs them to the proper attendant. During the last year, —— cases have been attended.

Special Lectures.

PRACTICAL INSTRUCTION IN PHARMACY AND MATERIA MEDICA.

Mr. Edward Parrish, Pharmaceutist, gives a course of Lectures on Practical Pharmacy at his Laboratory and Rooms, Southwest corner of Eighth and Arch Streets.

The regular course begins in October. The lectures are given on Wednesdays and Saturdays at 8 o'clock, A.M.

☞ *We cannot too highly recommend such a course as the above. It is of the utmost importance that the student familiarize himself with the properties of drugs, their mode of preparation, and the manner of dispensing them.*

Apply to Mr. Parrish, *at his Laboratory.*

PRACTICAL COURSE ON DISEASES OF THE LUNGS AND HEART.

Rooms, *in College Avenue.*

Lecturer, J. DaCosta, M. D., No. 212 South Eleventh Street.

All physical signs are *experimentally* demonstrated. Patients are introduced, lessons diagnosticated and explained, and, as the course advances, the members of the class will be required to diagnosticate for themselves. The clinical meetings are held twice a week.

There are three courses given annually—one commencing early in April: one the last week in August, and one in November.

This course is not connected with any of the schools.

Fee, $30.

OPERATIVE SURGERY.

ROOMS *on College Avenue, Entrance on Tenth Street.*

Lecturer, JOHN H. BRINTON, M.D., No. 1423 Spruce Street.

The Lectures commence on Wednesday, October 20th. The course is fully illustrated by the *recent subject* by *dried* and *wet* preparations, by wax models, casts and drawings. The Lectures will extend over a period of four months, and will comprise a full series of demonstrations in Operative Surgery, Surgical Anatomy, the Treatment of Fractures and Bandaging. Demonstrations adapted especially to the wants of gentlemen who may become candidates for admission into the Army or Navy.

Three private courses are given annually, commencing January 1st, March 10th, and September 10th, each course continuing about *eight weeks.* Classes limited to ten. *Instruments and material furnished.*

FEE, $30.

MEDICINE AND SURGERY OF THE EYE AND EAR.

ROOMS *in College Avenue.*

Lecturer, L. TURNBULL, M.D., No. 1208 Spruce Street.

Preliminary Lectures in September on the use and application of the Ophthalmoscope, Otoscope, &c.

Lectures delivered from October to March, and illustrated by cases, drawings and preparations. Advanced members of the class are furnished with Acute and Chronic cases from the Eye and Ear department of the Western Clinical Infirmary, and the private practice of the Lecturer, under his supervision. A *public clinique* is also held twice a week, at the Infirmary; being the only clinique in Philadelphia for diseases of the Ear.

FEE, $15.

PRACTICAL COURSE ON OBSTETRICS.

ROOMS—*Opposite Jefferson College.*

Lecturer, ELY MCCLELLAN, M. D., No. 1110 Girard Street.

The object of this course is to furnish students and graduates an opportunity to obtain a thorough and practical knowledge of this branch of medicine. Lectures are delivered from October to March, illustrated by the manikin, diagrams, preparations, &c. Each member of the class is furnished with cases to attend, under the supervision of the Lecturer.

FEE, $15.

PRACTICAL OBSTETRICS.

ROOMS, *in College Avenue.*

Lecturer, R. A. F. PENROSE, M.D., No. 1133 Spruce Street.

The object of the course is to furnish to advanced students and graduates an opportunity to become thoroughly acquainted with this branch of medicine. Lectures are given upon the Mechanism of Labor, combined with Practical instructions upon the Manikin and subject, of the most minute character. Patients are furnished to such members of the class as are sufficiently advanced to take charge of them.

FEE, $15.

This course is not connected with any of the schools.

PRACTICAL INSTRUCTION ON OBSTETRICS.

ROOMS, *in College Avenue.*

Lecturer, WM. B. ATKINSON, M.D. No. 215 Spruce Street.

This course is intended to afford advanced students and graduates an opportunity to obtain a practical and thorough knowledge of this branch of medicine. Lectures are delivered from October to March, illustrated by diagrams, the manikin, preparations, &c. Each member of the class is furnished with cases to attend, under the direction of the Lecturer.

FEE, $15.

PATHOLOGICAL ANATOMY.

Lecturer, J. J. WOODWARD, M D., N.W. Corner of Tenth and Vine Streets.

ROOMS, *N. W. Cor. of Ninth and Chestnut Streets.*

The object of the course is to afford students and graduates an opportunity to become acquainted with the *Microscopical Anatomy* of Disease and the various *Morbid appearances as presented to the naked eye.* The Lectures begin on Tuesday, October 12th, and will treat of Blood Diseases; Degenerations; Hyperæmia and Anæmia; Hypertrophy and Atrophy; Inflammation; Pathological New Formations, including the various Tumors, Tubercle, Cancer, &c.; Anomalies of Secretion, including demon-

strations of the various Urinary Deposits; Monstrosities, &c.; the whole being fully illustrated by recent and wet preparations, and studied by aid of microscopes. The Lectures will be delivered on Tuesday and Saturday mornings, from $8\frac{3}{4}$ to $9\frac{3}{4}$ o'clock.

FEE, $10.

A course of Lectures will also be given to *Physicians only* (the class being limited to *twelve*), devoted especially to *Pathological Histology*, and to the clinical use of the microscope. These Lectures will be delivered on Saturday evenings at Dr. Woodward's residence, from 8 to 9 o'clock, and continue weekly until the full course of thirty lectures is completed. The first lecture will be delivered on Saturday evening, October 2d.

FEE, $10.

OPERATIVE SURGERY AND BANDAGING.

ROOMS—*N. W. cor. Ninth and Chestnut Sts.*

Lecturer, C. S. BISHOP, M.D., No. 334 North Tenth Street.

The Lectures commence on the 27th of September, and continue till the 1st of March. The course embraces the entire treatment of Fractures, Luxations, &c., with the application by each student of the proper bandages and splints. The order of the course coincides with that of the Professor of Surgery in the University of Pennsylvania, who, during the early part of the course, delivers a lecture every Monday evening.

The room is open every evening (except Saturday) from 7 till 10 o'clock. After the 5th of January, surgical operations are performed on the cadaver by each member of the class.

FEE, $10. (Without operations, $5.)

INSTRUCTION IN DENTAL SURGERY.

ROOMS—*College Avenue.*

Lecturer, Dr. JAS. E. GARRETSON, No. 42 North Sixteenth Street.

This course has for its object the instruction of students in *Dental Surgery and Diseases of the Mouth.* The Lectures will be fully illustrated by diagrams, preparations, &c.

FEE, $10.

OFFICE INSTRUCTION, EXAMINATIONS, ETC.

ROOMS, *on Grape Street, opposite the University.*

J. J. LEVICK, M.D., 1109 Arch Street.
W. HUNT, M.D., 431 Arch Street.
R. A. F. PENROSE, M.D., 1133 Spruce Street.

Students are received for the whole or a part of their course of studies. During the winter, examinations are held daily on all the branches taught in the University, commencing in the first week of the course. Students have access to the rooms at all times, which are furnished with a cabinet of Materia Medica, Chemicals, Anatomical, Surgical and Obstetrical preparations, &c.

Daily Summer Examinations are also held (with the usual July vacation) on the various branches taught in the University.

Dr. LEVICK, Materia Medica and Practice of Medicine.
Dr. HUNT, Anatomy, Surgery and Institutes of Medicine.
Dr. PENROSE, Chemistry and Obstetrics.

FEE, *(for Winter Examinations,)* $30.

OFFICE INSTRUCTION AND EXAMINATIONS.

J. F. PACKARD, M.D., 10 Spruce Street.
J. C. MORRIS, M.D., Spruce Street.

Examinations are given daily on all the branches taught in the University of Pennsylvania, commencing October ——, and are fully illustrated with models, specimens, drawings, &c.

FEES.

3 years,	$250
1 "	100
6 months,	50

OFFICE INSTRUCTION AND EXAMINATIONS.

ROOMS, *at the Pennsylvania Medical College.*

J. F. BELL, M.D., 917 Lombard Street.
E. A. PAGE, M.D., Walnut Street, above Broad.

Examinations are given daily on all the branches taught in the Pennsylvania Medical College, commencing October ——, and are fully illustrated by drawings, models, specimens, &c.

FEES.

3 years,	$250
1 "	100
6 months,	50

Yearly students are presented with a Hospital Ticket.

WINTER EXAMINATIONS.

ROOMS, *in George Street, below Tenth, North Side.*

R. L. MADISON, M.D., F. E. LUCKETT, M.D., 1516 Chestnut Street.

Students are received for a part or the whole of their course of studies. Examinations are held daily on all branches taught in the Jefferson Medical College, commencing on the 22d of October. At the close of the session a review of the entire course is given. The examinations are amply illustrated by wet and dry preparations, and a cabinet of materia medica, chemistry, &c.

FEE, $30.

In connection with the above, Dr. Madison gives a course on *Operative Surgery*, by which students are taught bandaging, &c., and practiced in the various operations.

FEE, $15.

Dr. Luckett also gives a course on *Medical Chemistry*, in its relations to Toxicology, Physiology, &c., which is fully illustrated by experiments and diagrams.

FEE, $10.

WINTER EXAMINATIONS.

ROOMS, 116 *N. Ninth Street, above Arch.*

James M. Corse, M.D., 150 North Tenth Street.

W. H. Hooper, M.D., 1502 Locust Street.

S. W. Butler, M.D., 701 Arch Street

Examinations are held daily on the various branches taught in the University of Pennsylvania, beginning about the 21st of October. The course is illustrated by anatomical and surgical preparations, by a cabinet of materia medica, manikins, etc.

FEE, $30.

Dr. Corse, Obstetrics, Institutes and Surgery.

Dr. Hooper, Practice, Materia Medica and Chemistry.

Dr. Butler, Anatomy.

WINTER EXAMINATIONS.

ROOMS, *In College Avenue, entrance on Tenth Street.*

J. H. Brinton, M.D., 1423 Spruce Street.

J. DaCosta, M.D., 212 South Eleventh St.

R. J. Dunglison, M.D., — South Tenth St.

Examinations are held daily, beginning with the Lectures in the Jefferson medical College. The course is illustrated by Surgical and Anatomical preparations, a cabinet of materia medica, etc.

FEE, $30.

Dr. Brinton, Surgery, Anatomy and Obstetrics.

Dr. DaCosta, Practice and Phisiology.

Dr. Dunglison, Chemistry and Materia Medica

WINTER EXAMINATIONS.

ROOMS, *In College Avenue.*

C. P. Turner, M.D., W. D. Hoyt, M.D., O. A. Judson, M.D.

Examinations are held daily on the various branches taught in the Jefferson Medical College, beginning on the —— of October. The course is illustrated by Anatomical and Surgical preparations, by a cabinet of materia medica, etc.

FEE, $30.

WINTER EXAMINATIONS.

ROOMS,

C. P. Tutt, M.D., 1004 Pine Street.

W. L. Wells, M.D., 216 South Ninth Street.

Examinations are held daily on all the branches taught in the Jefferson Medical College, beginning on the 22d of October. The course is fully illustrated by preparations. specimens, etc. Recapitulatory Lectures are given on each branch.

FEE, $30.

Dr. Tutt, Anatomy, Surgery, Obstetrics, Physiology.

Dr. Wells, Practice of Medicine, Materia Medica, Chemistry.

WINTER EXAMINATIONS.

ROOMS, *N. W. Cor. of Chestnut and Ninth Streets.*

J. J. Woodward, M.D., Corner of Tenth and Vine Streets.

C. S. Bishop, M.D., 334 North Tenth Street.

Examinations are held daily on all the branches taught in the University of Pennsylvania, commencing about the middle of October, and are fully illustrated by models, specimens, drawings, &c.

FEE, $30.

WINTER EXAMINATIONS.

ROOMS, *Adjoining Jefferson Medical College.*

E. Wallace, M.D., 277 South Fourth Street.

W. V. Keating, M.D., 283 South Fourth St.

J. V. Patterson, M.D., 104 S. Eleventh St.

Examinations are held daily on the various branches taught in the Jefferson Medical College, beginning about the middle of October. The course is fully illustrated by specimens, diagrams, etc.

Dr. Wallace, Anatomy and Materia Medica.

Dr. Keating, Surgery, Obstetrics and Institutes.

Dr. Patterson, Practice of Medicine and Chemistry. FEE, $30.

WINTER EXAMINATIONS.

ROOMS, *In College Avenue.*

S.W. Gross, M.D., S.E. corner of Eleventh and Walnut Streets.

Morris J. Asch, M.D., 417 Spruce Street.

Examinations are held daily on all the branches taught in the Jefferson Medical Collego, commencing on the 23d of October. At the close of the session, a review of the entire course is given. The examinations are fully illustrated by Surgical and Anatomical preparations, a cabinet of materia medica, &c.

FEE, $30.

Dr. Asch, Physiology, Materia Medica, Obstetrics, Practice.
Dr. Gross, Chemistry, Anatomy, Surgery.

WINTER EXAMINATIONS.

W. E. Weatherly, M.D., S. E. Cor. Eleventh and Spring Garden Street.

ROOMS, *Rear of Jefferson College.*

Examinations are held daily on the various branches taught in Jefferson Medical College, commencing October 18th. The course is fully illustrated by models, drawings, specimens, etc. Special attention is given to Chemistry and Obstetrics.

FEE, $30.

In addition to the above, Dr. Weatherly gives a demonstrative course of Lectures on *Diseases of the Lungs and Heart*, with which a clinical course is connected. These lectures begin on the 22d of October.

FEE, $20,

Both Courses, $45.

Lectures.

CLINICAL REMARKS

ON

CHRONIC DIARRHŒA:

DELIVERED AT PENNSYLVANIA HOSPITAL, SEPTEMBER 22D, 1858.

BY W. W. GERHARD, M.D.,

A case of chronic diarrhœa was presented in the person of a sailor, about thirty years of age. The disease has continued five months, and came on while the patient was serving in the West Indies. There are, and have been, all along, three or four discharges in the twenty-four hours—no pain and no bloody discharge. The tongue is coated in the centre, moist, and clear at the edges. This may be called a *good tongue* in this case. A smooth, red, uncoated, glistening surface, would be unfavorable. These chronic diarrhœas are most common in the *East* Indies, where bowel complaints, as cholera, etc., are very prevalent, but are frequently contracted by the unacclimated in the West Indies, Mexico, and the southern parts of our own country, though the icterode forms of fever are the diseases to be specially dreaded in *our* tropical climate. Soldiers who fought in the Mexican War twelve years ago, are still suffering under chronic diarrhœa contracted there, and the disease is carrying them off every year. In these cases the intestines will be found to be retracted. There is dullness on percussion over the abdomen, in consequence of the absence of intestinal gases. The glands in the mucous coat of the intestines will be found to be inflamed, and will present different shades of red or an ashy color, according to the length of time that the inflammation has continued. In the case before us,, there is some sensitiveness of the stomach, showing that that organ is in an irritated or inflamed state. Cases of this kind require much care and attention at the hand of the physician. Diet will be found to be of great consequence, and unless the patient is closely watched, it will be difficult to enforce the orders of the physician, as there is often a desire for kinds of food which are inappropriate, and which most patients find it difficult to resist. Arrow-root, sago, rice flour, the Castillian powders, barley water, etc., should be exclusively employed

while there are any acute symptoms, and when these are removed, plain meats, such as mutton-chops and beef-steaks, properly cooked, may be cautiously allowed, being particular to use the more easily digested portions of the meats. It is sometimes well to allow stimulants in these cases, though they should be used very cautiously. Port wine would be useful, provided we could get it, but the article has almost ceased to exist, and the manufactured stuff now sold under the name of port wine, often does mischief rather than good. Brandy can be used as a stimulant, if it is found to agree with the case.

These cases do not generally require much medication. In cases where there is torpidity of the liver, it is necessary sometimes to give mercurials, though it must not be forgotten, that mercurials may be given to such an extent as to *irritate* the bowels. The practitioner should watch closely the effects of his remedies, and persevere with them while they seem to be adapted to the case, but should guard against a *habit* of giving certain remedies for certain diseases, without reference to their adaptation to the case.

This patient is now taking the following pill at night:

R. Mass. Pil. Hydrarg. gr. ij.
Pulv. Opii - - gr. ½.
M. ft. pil.

He is also taking four times during the day, one of the following pill:

R. Acidi Tannici gr. ij.
Pulv. Opii. - - gr. ¼.
M. ft. pil.

As there is no diminution in the number of the discharges, it will be necessary to give the last pill more frequently through the day. Tannin is a very reliable astringent, and is conveniently given in the form of pill every two, three or four hours as occasion requires.

☞ Dr. Mutter, who has recently returned from an absence of two years in Europe, remarked, in our hearing, a few days since, at the close of one of Dr. Pancoast's regular semi-weekly clinics, at Pennsylvania Hospital, that he had been for two years visiting the hospitals of Europe, and had seen nothing in that time to equal the clinic of that day, for real instruction, to the student of medicine.

Original Communications.

On Syphilitic Affections of the Eye.

ELABORATED BY
LOUIS BAUER, M.D., M.R.C.S. *(Eng.)*
Surgeon to the Long Island College Hospital, of Brooklyn, N. Y.

From the highly interesting and instructive essay of Professor von Graefe of Berlin, read before the society for scientific medicine, of that city, on Feb. 1st, 1858, on the Syphilitic Affections of the Eye, we find that the eyelids are not only frequently the seat of secondary eruptions or maculæ extending from the adjacent parts, but also of primary ulcerations by accidental innoculation, the latter mostly occuring in the neighborhood of the apertures of the meibomian glands.

Though Dr. von Graefe discriminates of course, between Gonorrheae and Syphilis proper, yet he adverts to the gonorrheal affections of the conjunctiva in order to correct a misconception prevailing among the profession, as to its presumed uniformity. He contends that the gonorrheal matter acts but as an inflammatory stimulus, but that the sequent form of conjunctivitis depends greatly on the extent of the innoculation and the constitutional peculiarities of the patient. Thus we may find, in some instances, a simple cattarhus, in others granular conjunctivitis, and the secretion may constitute Blenno-pyorea or Diptheritis. It follows, from these observations that there can be no uniform mode of treatment, but that it should be modified according to its pathic condition whilst the catarrhal blenorrhagiform admits of the application of caustics, the granular form would hardly be improved by it, and diphtheritic conjunctivitis excludes them in toto. Moreover, all those modifications present no exclusive characteristics by which their specific form would be denominated, as they may generate spontaneously, and be transmitted from other mucous membranes, as, for instance, that of the lachrymal sac. The innoculation as a curative remedy of pannus is consequently extremely hazardous, and at best uncertain, as no physician has it in his power to modify the effects at his will.

The cornea is exempt from syphilitic affections, whereas the iris is frequently chosen by lues. About 60 per cent. of all iritides depend upon syphilis as a cause, though its specific character cannot be discriminated with any degree of certainty in the begin-

ning; yet there are no difficulties of diagnosis in its advanced stage. In new syphilitic forms of iritis exudations on the surface preponderate, whereas the inflammatory products of syphilitic iritis are imbedded between the muscular fibres parting them and projecting into the anterior chambers as small yellowish points or nodules, and sometimes disintegrate into hypopium. In 62 cases of iritis nodosa, secondary syphilis was found to be the cause in 60. The syphilitic iritis is by far less dangerous than the simpler forms which take a more rapid course, involve but too often the corpus ciliare, choroidea, cause obscurations of the corpus vitreum, and occasionally even abrasions of the retina; whilst the former is slow in its development, and its effusions rarely interfere with the vision, admitting even that they should not be resolved. Though the anti-syphilitic treatment is foremost, yet local antiphlogistics should not be neglected, and paracentisis of the anterior chamber with or without Irideotomy should be resorted to in violent cases. There is no pathic affinity between syphilis and the chrystaline lens; it can be reached only through the medium of other structures (chroidea). But of late, and with the aid of the ophthalmoscope, it has been ascertained that the choroid membrane by no means rarely becomes affected by syphilis. That form which Dr. von Graefe describes as choroiditis disseminata, and which consists in the formation of small white points, surrounded by brown, red areolæ is frequently connected with lues. The more those fine nodules agglomerate in or near the centre of the retina, the more imperfect the optic objects of vision appear in the centre, the more justifiable is the supposition of syphilitic complication. Their anatomical character differs widely from those white spots noticed upon the choroidea of ordinary sclerotic choroiditis which depend on simple atrophy, whilst the syphilitic nodules are true exudations, susceptible of resolution by constitutional treatment. Dr. von Graefe presumes that this is the very identical disease formerly called syphilitic amaurosis.

Along the course of distended and wavy veins within the retina some opaque stripes have been observed by the Professor, coexisting with amblyopia. Syphilitic symptoms in other structures calling for specific treatment, those stripes simultaneously disappeared with the general lues, with perfect restoration of sight, and he considers this a sufficient evidence for suspecting the retina to be likewise susceptible of syphilitic affections. Not having had, however, a sufficient number of cases of this nature under his charge, he prudently reserves his opinion for future inquiry. The optic nerve itself seems to be occasionally affected by syphilis, although the phenomena appertaining to the true syphilitic amaurosis are more of a negative character, *i.e.*, there are no material alterations noticeable accounting for the amaurotic blindness, but sometimes the opthalmoscope reveals the atrophy of the optic papillæ, the substance of which seems to be more white and opaque, and the vessels, more especially the central artery, smaller. As a matter of course, there are other syphilitic symptoms extant. Mercurials alleviate or entirely remove the disease; nevertheless, the doctor warns practitioners against giving a favorable prognosis when atrophy has been made out. In fine, Professor von Graefe adverts to the paralysis of the muscles of the eyeball, which according to his experience, depends, in 50 cases out of 100, on inveterate lues. Most frequent is the syphilitic paralysis of the motores occulorum, rarely that of the abducens, but the rarest is that of the trochlearis.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL;

SATURDAY, SEPTEMBER 11TH.

SERVICE OF DR. PANCOAST.

Application of the Actual Cautery.

The patient was about 12 years of age, suffering from disease of the ankle bones, of a scrofulous character, commonly termed "white swelling." The cautery is applied, for the purpose of exciting action in the parts, while the patient is subjected to a tonic and stimulating treatment. The patient was etherized, and the iron at a white heat, passed slowly over the swelled parts, and forming burns of about four inches in length, and seven or eight in number. In former times there was scarcely ever any other result in these cases than loss of life or limb. Dr. PANCOAST, has used the cautery in a very large number of cases like the one before the class, and never without complete success. His only regret is, that in his surgical career he has not more frequently employed it.

Dr. PANCOAST directed first the application of warm, to be followed by cold water dressings. These cauterizations are followed by much less sloughing than would be anticipated.

[This case was brought before the class on the 18th, and again on the 22d, and in each instance, the cautery re-applied. There was evident improvement.]

TREPHINING.

Dr. PANCOAST performed the operation of trephining the skull of a negro who had received a blow upon the head, on the left side just above the mastoid process. The case was a desperate one, and the doctor expressed very slight hope of the recovery of the patient.

On the 18th this case was again presented to the class, when there was some apparent improvement, as the patient evinced some knowledge of his condition. He put out his tongue when requested, and answered imperfectly the questions put to him; but from the fact that he had a chill the night previous, Dr. PANCOAST gave a very guarded prognosis. The patient died on the morning of the 22d, and the skull and brain were exhibited to the class. There was fracture of the skull, extending into its base, and immediately beneath the seat of injury there was lesion of the substance of the brain and an abscess, while on the opposite side of the head was considerable effusion of blood, the result of *contre coup*.

SEPTEMBER 22ND.

SERVICE OF DR. PANCOAST.

ABSCESS IN POPLITEAL SPACE.

Dr. PANCOAST presented a girl about 12 years of age, who is in apparent robust health, but who is suffering from an abscess opening into the popliteal space of her right limb by three fistulous orifices. What has caused this abscess? It may be caused by disease of the thigh bone; or a critical discharge following a continued fever; or the result of a hereditary scrofulous, syphilitic, or other cachexia; or it may be a simple abscess such as is often met with in gross, hearty children. But the patient has had no fever, —consequently it is not a critical abscess; she seems to be perfectly free from hereditary taint of any kind, and it is unlikely that the abscess has such an origin. It is possible that the lower portion of the thigh bone is diseased. There is no perceptible enlargement of the bone, as there would be if there was necrosis. There would be a much greater apparent enlargement than really existed, in consequence of the inflammation and thickening of the periosteum, and the infiltration of serum into the surrounding parts. From the appearance of the patient, he suspects it is a simple abscess. It is necessary to observe great caution in any operations in this region, on account of vessels, nerves and tendons. He will therefore etherize the patient and introduce the grooved director into one of the fistulous openings and bring it out at the third, and divide the included tissues through the second opening, taking care to pass outside of the peroneal nerve. There is no communication with the thigh bone, and consequently no disease there; his conjecture, therefore, that it is a simple abscess is correct. A piece of lint was inserted into the opening and the patient sent back to the ward.

INFLAMED BURSA-MUCOSA.

"Housemaid's-knee." Patient an adult woman. The patient was etherized, and the bursa freely laid open, and lint inserted.

EXOSTOSIS.

A man about 45 years of age was presented, with an exostosis of two or three inches in diameter, springing from the posterior portion of the ileum of the left side, causing sciatica of the most severe form. The irritation is in the lesser sciatic nerve, which is irritated by the growth of diseased bone An exostosis is a *pediculated* bony tumor, springing generally from one of the long or flat bones, and is caused by inflammation of the periosteum. It is seldom best to interfere with these exostoses, unless they give trouble, as in the present case, or are unsightly. There is no way of treating but to cut down on, and remove them. In this case, care must be taken not to divide the integuments, too near the crest of the ileum, lest they retract over the edge in front, and give trouble by causing abscesses in the groin. The patient was then etherized, and a semicircular incision made posteriorly to the tumor, a flap dissected up, the fasciæ and muscles divided, the tumor exposed and removed by the saw and chisel.

Editorial.

SALUTATORY.

We herewith present to our readers the first number of a new volume and series of the Reporter in a hebdomadal form. Our old subscribers and friends are aware that we have long entertained, and on various occasions discussed, the idea of changing our work to a weekly, believing that one was needed in this latitude. It is rather remarkable that, with our world-wide reputation as a reading people, there is but one weekly medical journal supported in this country, and that not at the seat of medical education and literature; while in Great Britain and on the continent they are common in all the large cities. In the city of London alone there are several weeklies, published, too, at a subscription-price of nearly eight dollars a year; while in Paris there are medical journals published *three times* a week, besides others published weekly.

It is our intention to issue a journal that will challenge a hearty support. We feel confident that there will be no lack of *material* to fill the pages of a weekly. Of this there is an abundance in this city alone. As a rule, our hospitals command the services of the most distinguished physicians and surgeons, who twice a week give clinical instruction on cases selected from their extensive wards. Much of this valuable instruction will be presented to the profession by means of our journal, and our hospitals thus be the means of advancing the general sum of medical knowledge throughout the country.

Another source from whence we expect to draw materials for our pages, is the lecture-room. There are many lectures delivered in our hospitals and lecture-rooms, correct outlines of which, if published, would benefit both the lecturer and the profession. Still another source from whence we expect to draw material, is our medical associations, whose discussions are often interesting and important.

There are other matters for which we must look to the co-operation of our professional brethren to secure, viz., volunteer essays, notes of cases, correspondence from abroad, book notices, etc. There are few physicians who might not, if they would take the time, put on record much that will be of permanent value to the science of medicine.

For much of the material furnished for our pages we expect, when we have fairly got under way, to pay liberally, and in this way encourage medical writers.

To sum up:—We propose to meet a want in medical periodical literature; to perpetuate much valuable medical instruction that is now in a measure lost to the profession; to give additional interest and importance to our medical society meetings; and finally, to encourage a home medical literature by paying liberally for material with which to enrich our pages.

Nothing shall be lacking on our part to make the Reporter meet the wants of the medical profession, as a weekly. But all will not depend upon us. We shall expect much from the profession of this city, and from our old and tried friends. There is no reason why, with the aid of our friends, the Reporter should not attain to a circulation which will make it a very influential organ of the profession. May it always be true to the interests of its constituents!

STUDENT'S EXPENSES.

To "sit down and count the cost," is an essential preliminary to every undertaking, and particularly so to the student of limited means, in respect to the outlay required in a course of medical study. The writer well remembers the bitter disappointment that met him at the threshold of his medical pupilage in this city, on finding that the estimates of expenses here, furnished him by a well-meaning, but careless, friend, scarcely amounted to one-half what a very few days experience foreshadowed.

In order to give the student a fair notion of the expense of a thorough course of medical instruction in this city, including two full courses of lectures and one summer's residence here under the tuition of a private preceptor, we have prepared the following table of expenses. We would premise that while endeavoring to make a liberal allowance for all *necessary* expenses, we have supposed that the student, while living comfortably, and denying himself no real advantage in the pursuit of his studies, practices the strictest economy.

80 weeks' board, including two full winter courses, and one summer course, at $4,00, -	$320
Washing, fuel and light, -	50
Professors' Tickets, two full sessions, - - -	210
Matriculation Ticket, -	5
Preceptor's Tickets, 1½ years,	150
Practical Anatomy, 1 course,	15
Hospital Ticket, 1 course, -	10
Clothing, - - -	100
Books, - - -	100
Graduating Fee, · -	30
Outfit—medicines and instruments,	70
Extras, - - -	20
	$1080

For the sum, therefore, of one thousand and eighty dollars, it will be seen that the student who desires to study economy can avail himself of the advantages held out to him in this city for two winter and one summer sessions, besides procuring a decent outfit in clothing, books, instruments and medicines. Of course, these estimates may be increased to almost an indefinite extent by those of more extravagant notions of living, enjoyment, &c., and they may possibly be reduced somewhat by practicing a still more strict economy in directions that will at once suggest themselves.

The above estimates naturally lead to the thought of the immense income that Philadelphia derives from her medical schools. At the low estimate of 1100 students during a winter term, and allowing them the very moderate average expenditure of $750 each, we have an aggregate of $825,000 of direct outlay, an estimate which we think is far within the mark. These facts present a very strong reason why Philadelphia should cherish her schools of Medicine. What room for improvement there is in this respect, will be a subject for future inquiry.

ETHNOLOGICAL LITERATURE.

The Ethnological Discussion which was commenced in our pages last year, and which, in our judgment, began to absorb too large a space, is likely to develope an ethnological literature, as will be seen by referring to a notice in our advertising columns. It is proposed to published a volume annually, of from 300 to 600 pages, devoted to this discussion. The subscribers to the Reporter for 1857 and 1858, are to receive each a copy of the first volume, gratis. Those of our readers who were interested in the discussion, or who desire to continue it, will have an excellent opportunity to gratify their tastes.

TO ADVERTISERS.

The Reporter, in its weekly form, presents to advertisers a convenient and reliable channel by which they may reach the profession. Our circulation is an extensive one, not only in this city, but throughout the adjoining states, and, indeed, in all parts of the country, reaching every state of the Union, except one. Our terms are moderate. Address the editors, Philadelphia, Pa.

DEFERRED MATTER.

This, as a "specimen number," is not as perfect in all its parts as we could have desired. The students' portion has occupied much more room than we anticipated, and the miscalculations as to amount of matter incident to getting out a first number, has compelled us to omit material that we had prepared for this week's issue, some of which is in type and will appear soon. Among this is all our Book Notices, the transactions of the Philadelphia County Medical Society, some Hospital Reports, &c.

Periscope.

SUGAR A NORMAL CONSTITUENT OF THE URINE.

Professor Bruecke, of Vienna, claims to have succeeded in showing the presence of sugar in the urine of nine healthy persons (7 adults and 2 children). The quantity of sugar is so small, that but small quantities of the oxide of copper are reduced with Trommer's test, and often only a deeper yellow tinge indicates its presence.—Those who wish to see the particulars of this, probably to many doubtful, fact, we must refer to the transactions of the Vienna Academy of Sciences in the Wiener Wochenschrift—*April.* (Ch. F. J. L.)

SACCHARINE URINE.

New Test. According to the *Arciv fuer Pharmzie, Medic. Newigk.*, Dr. Bottger discovered a new test for Sugar in the Urine in the form of the basic nitrate of Bismuth (Magisterium Bismuthi) which is a very useful and valuable reagent in the detection of grape or cane sugar. It is claimed to be more certain and less troublesome than either Runger's or Trommer's test. To perform the test, the urine is poured in a test-tube, an equal volume of a solution of carbonate of soda (3 parts by weight of water to 1 part of crystalized carbonate of soda) is added, together with as much of the bismuth as can be held on the point of a knife. The whole is then heated up to the boiling point. If the snow-white nitrate of bismuth shows, after the boiling, the least blackish or greyish tinge, the presence of sugar in the urine is most definitely indicated, Dr. Bottger having found, that, except grape sugar, no substance ever occurring in the urine, organic or inorganic, possesses the property of deoxydizing the nitrate of bismuth down to the suboxide. (Ch. F. J. L.)

Medical News.

MARRIAGES.

Coriell—Stuart.—On the 16th of September, in New Market, New Jersey, by the Rev. G. W. Clark, W. Wallace Coriell, M.D., to Miss Mary E. Stuart, adopted daughter of Dr. E. Runyon, all of New Market.

DEATHS.

Beers—In New Haven, Conn., on the 23d of September, Timothy P. Beers, M.D., aged 68. For twenty-five years Dr. Beers was Professor of Obstetrics in the Medical Department of Yale College.

Clement—At West Point, New York, on the 23d of September, Jacob B. Clement, M.D., of this city.

Gauntt—In Burlington, N. J., on the 14th ult., Virginia Franklin, infant daughter of Dr. Franklin Gauntt, aged 14 months.

McConnell—At his residence in Richmond, Va., on the 18th of September, John McConnell, M.D., in the 55th year of his age.

Means—In Fairfield District, S. C., on the 18th of September, after a protracted illness, Robert Means, M.D., aged 30.

Parrish—On the 18th Aug., of pulmonary disease, at the residence of his father, Joseph Parrish, M.D., in Germantown, Joseph Parrish, Jr., in the 13th year of his age.

Weir—On the 12th Sept., at his residence, in this city, John Henry Weir, M.D., in the 40th year of his age.

DEATH OF DR. POWER.

Dr. William Power, a distinguished practitioner of New York, died in that city on Wednesday, September 15th, in the 61st year of his age.

He was a native of Ireland, and graduated in Dublin, and again in this country. Dr. Valentine Mott says of him:—"His nature was kind and generous, and this he carried into the walks of his profession. His frank and noble character commanded for him the respect and esteem, not only of his countrymen, but of all who knew him."

DEATH OF DR. HARNEY.

Dr. B. F. Harney, Surgeon U. S. A., died of cardiac disease on the 29th of August, at his residence, Baton Rouge, La.

He was at the time of his death the oldest surgeon in the United States Army, and was by seniority entitled to the rank of Surgeon-General, but which he had declined accepting. He was born in the State of Delaware, and was a brother of General Harney.

Dr. Harney saw much field-service, having served actively in the war of 1812, the Black Hawk, Florida and Mexican wars.

He was much respected, and will be gratefully remembered for his long and efficient services to his country.

In respect to his memory, there was a general closure of places of business in the city in which he died, and a large cortege followed his remains to their final resting-place with sincere regret.

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THE
MEDICAL AND SURGICAL
REPORTER.

WHOLE SERIES, NO. 103. PHILADELPHIA, OCTOBER 8, 1858. NEW SERIES, VOL. I. NO. 2.

Original Communications.

CASE OF CHOREA.

BY WILLIAM JOHNSON, M.D.,
White House, N. J.

Aug. 25*th* 1858.—The wife of W. A. D. came to consult me to day upon account of the health of her son, Ten Eyck, who accompanied her. He is a very stout, muscular lad, of the age of thirteen years, and lives with a farmer, with whom he labors. A single glance at the boy was sufficient to diagnose *Chorea.* He has labored two or three days under this affection. His case presented the following manifestations: the head was constantly in motion, and tossing in every direction, more frequently however from right to left, and backward and forward. There was so much latitude in these motions, as to attract the attention of persons sitting at their windows, as the boy and his mother passed their residences. They came on foot about a mile and a half, to visit me. Those who witnessed the thing, thought the boy to have been very much intoxicated. The mother states that these strange involuntary motions continue both day and night. The boy's pulse stands at 80, his tongue is clean and appetite unimpaired. His bowels have been rather torpid. He had taken, the evening before, a dose of castor oil, which had operated two or three times. The only cause which the mother can assign for this disease in her son, is his having gone down into a well to assist in cleaning it out. The boy has received no fright.

I commenced the treatment of this case by prescribing 10 grains of calomel, to be taken this evening upon going to bed, and should it not purge in the morning, to be followed up with a dose of castor oil. I combined chloroform with an equal part of ol. dulcis, and directed the boy's spine to be bathed with it night and morning. Let him take one of the following pills every morning before breakfast, another in the middle of the forenoon, a third in the middle of the afternoon, and the fourth at bed-time:

℞ Sulph. zinci
ext. hyosciami ā ā ʒj
M.

et fiat in pil. xxxii.

Should these pills nauseate too much, let the boy take but half a one, but if no such effect be produced, and the symptoms not be relieved, let him take a pill and a half, or even two pills for a dose.

28*th*—I called to see my patient to-day, and found a wonderful improvement in his case. The calomel had operated very freely, and the involuntary motion of the head is scarcely noticed to-day. His pulse is normal, and tongue clean. His mother says that improvement took place almost immediately upon taking the pills. In consequence of this, she had not given more than a single pill at a dose. Continue treatment.

Sept. 1*st*—The boy has recovered. I left him, however, another box of pills, and directed him to take one three times a day. I advised them to prevent a recurrence of the disease.

Remarks.—I have seen a number of cases of Chorea, but never saw a case so speedily yield to remedial appliances before. In five days the boy was well, and able to return to his work. His employer, however, imposed a light burden on him at first.

In the early part of my practice, I was in the habit of treating Chorea by active purgation, followed by preparations of iron, and with very good success. I have never seen a case where death resulted directly from this disease.

Among the cases of chorea which have fallen under my observation, one is of so singular a character as to deserve a passing notice. The subject was a young mulatto boy, the property of the late Reverend Mr. S——. The affection was confined to the head, and consisted of *rapid semi-rotary motion* This motion was so forcible that his master, who was a strong man, could not restrain it, even by his most powerful efforts.

The attacks of this rotary motion of the head lasted many minutes, and recurred at very short intervals. This case yielded to active purgation. But, soon after the boy's recovery, violent epistaxis occurred, which nothing would arrest but plugging the posterior and then the anterior nares. It was by these means arrested. Next followed on, after the lapse of a short period, destructive ulceration of the throat, which carried off the patient.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL:

SEPTEMBER 25TH.

SERVICE OF DR. GERHARD.

RHEUMATISM.

DR. GERHARD presented a man with rheumatism in the small joints—a case of rheumatic gout. This form is very liable to produce contraction of a permanent character, and is the most difficult form to cure.—As the disease is local, Dover's powder does but little good; it is more serviceable in general rheumatism. Nor is colchicum entirely successful in these cases, and the patient has taken it without decided effect.—Purgatives may be employed, as Scudamore's mixture, but still these do not answer. Next comes the question as to the use of diaphoretics: and, generally speaking, these answer best; and those which act externally, as the vapor-bath, are to be preferred, in order to give the patient a good sweat. We can easily do this, by raising the bed-clothes by means of a hoop, and placing at the bottom of the bed a bucket, in which are hot stones or bricks, and then pouring vinegar or water over them; the vapor being conducted up by means of a funnel. The plan followed here is by a vessel filled with water, heated over a spirit-lamp, and the vapor conducted by a funnel and tube under the clothes. The vapor may be medicated or not, but this is never of much benefit. This bath may be kept up for from 15 to 40 minutes, as long as the patient is comfortable, and then he should be carefully changed and dried. In many cases, this will be found to answer well. Hot springs are also beneficial in such cases. A hot bath acts like a vapor-bath, but not so well. Before the bath, (say half an hour,) we may give Pulv. ipecac. et opii gr. v.—a full dose would produce nausea.—These baths should be given every day.

He should also wear over his joints a certain amount of covering, because we thus have a moderate degree of perspiration. This case will be treated in this manner, and the result will be seen at the next clinic.

PHTHISIS, WITH FATTY DEGENERATION OF LIVER.

DR. GERHARD next presented a man 23 years of age. Patient was emaciated, had a cough, etc. Has spit up blood. Had disorder of the stomach for more than a year, and now he vomits every day after eating, a portion of what has been ingested. Digestion is impaired. Auscultation shows a blowing inspiration and expiration, with a diminished vesicular murmur, indicating induration of the lungs on both sides. Percussion produces a dull sound, on the left side particularly. We have then, disease at the upper part of the lungs. We may infer that it is tuberculous. On examination of the stomach, we find it slightly sensitive on pressure, and distended slightly with gas.—The spleen is not enlarged. The liver is enlarged; but as there is no irregularity felt, we may conclude that it is not from cirrhosis. We generally find with tubercles of the lungs, a fatty degeneration of the liver, and we may conclude such to be the state here.

Treatment.—It is impossible to cure the fatty degeneration, nor is it desirable. His diet should be regulated, have mutton chops, rice, etc. After each meal, to prevent vomiting, he must take a wine-glassful of lime-water and milk. Cod liver oil disorders the stomach, and hence it is incompatible. We must, however, employ tonics, and therefore shall give quinia gr. vj. to viij. every day; a blister over the stomach about 2 inches square, if vomiting recurs.

SERVICE OF DR. PANCOAST.

Dr. PANCOAST presented an obscure case in a German farmer, with a tumor on the right side over the hip, evidently from matter formed in the cavity of the pelvis. He flexes the psoas and iliacus muscles by putting this limb over the other, to relieve the pressure. The skin has a dusky hue. Percussion dull. There is certainly a cyst beneath. There is no evident or assignable cause for this disease. It is not syphilitic; is out of the range of the lymphatic glands, and has not the symptoms of psoas abscess; nor is it caries of the spine. Under any circumstances, it is important to open it; we

shall do so, and you perceive a vast amount of serous pus escaping. It is undoubtedly an abscess in the iliac fascia, as the probe goes in a great distance. We will now make another incision above Poupart's ligament, and thus put it in the best condition for health; dressings to consist of cloths dipped in warm water, covered with oiled silk. Keep quiet, and let it discharge. We shall after this, throw in an injection, and wash out the contents, and then inject Iodide of zinc gr. ½–iij. to f℥j. of water. Take porter, animal food, and cod liver oil.

Stricture of the Urethra.

He next presented a case of stricture from a blow on the perineum.

A very small bougie only would pass. Dr. Pancoast then cut the stricture by means of a grooved catheter and stiletto, and passing a catheter, allowed it to remain. He said he had never yet failed in curing any stricture that had come before him. He introduced two other cases of the same kind, in one of which he divided the stricture, and postponed the other for the time.

September 29th.

SERVICE OF DR. GERHARD.

Fever.

The patient, a woman, aged about 35, resides in Moorestown, N. J. It will often aid us in the diagnosis of diseases, to know the *locality* in which they originate, whether in a malarious district, or in a district where diseases of any kind are epidemic or endemic, as these causes may influence the case. This patient represents that she has had fever for a week, which came on without a chill, and that she has had no chill since.—She complains of no pain, but a sensation of weakness. Has vomited twice. No looseness of the bowels, except under the influence of medicine. This statement, however, conflicts somewhat with what she told the house physician, viz: that she had been laboring under diarrhœa ever since the fever came on. This shows the necessity of the great care sometimes required to get at the exact condition of a patient. Questions must sometimes be repeated in different forms, and the answers noted. On examining the tongue, we find that it is coated and dry, thickly coated at the root. Her countenance and general aspect is that of weakness, and of having been sick for a long time. You will observe there is quivering of the eyes. Complains some of headache. No tympanitis of consequence. Very slight pain in abdomen on pressure, principally on the right side in the region of the ileo-cœcal valve. Respiration is very good. There is slight mucous ronchus on the left side, a very common thing in all fevers. Percussion is clear. It is not *Intermittent* fever, as it lacks the cold, hot and sweating stages that characterize that form of fever. The question would seem to be between the Remittent and Typhoid forms of fever. These are somewhat similar in many respects in their earlier stage, while between them and Typhus fever there is a marked difference, while the latter has not prevailed for two or three years past. Does not think it possible to give a certain diagnosis in the present case now. There are no sudaminæ, or rose-colored spots — no tympany of any moment—no epistaxis as evidence of disturbance of the brain, and no chest symptoms, any of which would be regarded as characteristic of typhoid. Still, there is much reason to think that we have here a case of commencing typhoid fever.

We must be rather guarded in our treatment under the circumstances. Purgatives are not needed, and might do much mischief, if it is a case of typhoid fever. A mild neutral febrifuge such as the liquor ammoniæ acetatis—"spirits of mindererus"—would not be inappropriate. But we will at once resort to the sulphate of quinia as the remedy indicated *now*. If it is a case of remittent fever, it is just the thing, and if of typhoid fever, it can do no harm. We will give this patient, therefore, two grains of quinia every four or five hours. For food, we will give her beef-tea and arrow-root, and if decided typhoid symptoms should supervene, we will give her wine. If gases should accumulate in the intestines, and she should complain of headache or heaviness of the head, with ringing of the ears and deafness, dullness of expression, etc., we should of course suspect that we had a case of typhoid fever. There will probably be decided symptoms in the course of a few hours.

[On the 2nd of October this case was again brought before the class, having proved to be a case of remittent fever, the result probably of the very judicious course pursued. It would have been very easy to have had a case of typhoid fever here.]

Amenorrhœa.

Patient aged about 30. An appearance of broken-down health, paleness, &c., but no evidence of organic disease. This is a case of functional disorder, viz., that of menstruation. In this patient the difficulty began six months ago. It occurs among various classes of women, as those of sedentary or indolent habits; is the result sometimes of long-continued mental emotions of a depressing nature, and is often observed among emigrant women who have been for weeks confined to the ill-ventilated holds of our emigrant ships. Weakness or feebleness from any cause, give rise to it. If it occurs in phthisis or at the close of continued illness of any kind, it is a natural result of the weak condition of the patient, and need not of itself cause any solicitude.

We will give this patient tonics, and a laxative of aloes, not that they have any specific action on the complaint, but tonics are of course indicated, and, as a laxative, aloes answers our purpose as well as any thing else. We will give her two or three grains of quinia three or four times a day, and apply mustard poultices to the lower portion of the spine, and to the inside of the thighs, use hot mustard foot-bath, etc. Dry cups, sponging and friction would also be found very useful.

SERVICE OF DR. PANCOAST.

Dr. Pancoast announced to the class, that as his term of service in the Hospital expired that day, this would be the last time that he would have the pleasure of meeting with them for the present. He presented the following statement of cases that had been operated upon or exhibited to the class, during his term of service. The list was prepared by James H. Hutchinson, M.D., Resident Surgeon, to whom we are indebted for it.

List of Surgical Cases.

During the course of Clinical Instruction at the Pennsylvania Hospital, commencing July 7th and ending September 29th, the following operations have been performed, in presence of the class, by Dr. Pancoast:

1. Removal of the left half of Lower Maxilla for Epulis.
2. Removal of a Cancer from lower lip.
3. Operation of trephining cranium.
4. Operation of trephining Tibia, and in the same patient removal of the necrosed bone from other Tibia.
5. Resection of knee-joint. Metatarsal bone of great toe trephined.
6. Removal of a portion of Fibula in caries of that bone.
7. Excision of a portion of Metatarsal bones.
8. Removal of bony tumor from Ilium.
9. Subcutaneous section of soleus muscle.
10. Operation for aneurism of arteries supplying thumb.
11. Two strictures cut.
12. Straightening a leg with anchylosis of knee-joint.
13. Actual cautery applied to a shoulder in chronic arthritis; to two knees in same condition; to two ankles in caries of bones in vicinity of joint, and to three hips in coxalgia.
14. Two operations of cataract upon both eyes; two by displacement, one by solution, and the other by linear extraction.
15. Extension of iris and removal of portion of capsule of lens.
16. Two scarifications of granular lids.
17. Removal of hemorrhoids by the ecraseur.
18. Tuberculous abscess of hip-joint opened.
19. Abscess over sternum opened.
21. " " mastoid process opened.
22. " in popliteal region "
23. Fluctuating tumor of thigh "
24. Sinus over patella laid open.
25. Removal of fatty tumor of finger.
26. Palliative cure for hydrocele.

The following operations were performed on other than clinic days:

28. Two Pirogoff amputations.
29. Operation for strangulated hernia.
30. Excision of lower end of shaft of humerus.
31. Excision of an inch from upper fragments of radius and ulna in a compound fracture of forearm.
32 Amputation of thigh.
33. " of arm (Perf. by Dr. Hewson.)
34. " of forearm " "
35. In two cases, portions of bone were removed from a comminuted fracture of skull, and in one case, a portion of bone was removed with the gouge forceps to arrest hemorrhage from meningeal artery.

The following cases were shown:

Compound fracture of femur.
Fracture of humerus, with dislocation.
Fracture of sternum.
Two compound fractures of skull.
Injury to hip-joint.

Two purulent depots; one following amputation, the other a contused wound of scalp.

Caries of thumb.
Angeioleucitis.
Gun-shot wound of chest.
Result in a case of Fungus Cerebri.
Injuries from fall of a stone upon sacrum.
Large ulcer of leg.
Injury to back.
Gangrene of arm.
Stricture of rectum.
Syphilitic ulceration of groin.
Opening in the sacro-iliac synchondrosis.
Subconjunctival abscess.
A case of Tetanus.

In addition to the above, almost all the cases which have been operated upon have been several times shown.

Besides this, a post-mortem examination of a little girl's head, which had been crushed by cars passing over it, was made.

Gun-shot wound of skull and brain shown.

Two compound fractures of skull.

An abscess of the brain.

A metastatic abscess of liver, with a deposit of pus upon inner side of skull.

Cancer of liver, of pancreas, of supra-renal capsules, and of lungs.

Gun-shot wound of ilium.

JAMES H. HUTCHINSON, Resident Surgeon.

Most of the hour was taken up in exhibiting cases that had recently been operated upon before the class. Dr. PANCOAST dwelt particularly on the great satisfaction he had derived from the use of the actual cautery in scrofulous swellings of the joints, during his term of service, exhibiting a number of cases on which he had operated, every one of which was improving rapidly. Dr. PHYSIC used to look upon anchylosis as a necessary result of white swelling, if the disease terminated favorably at all. The object of the actual cautery is to cure the disease and *prevent* anchylosis, and nothing could be more satisfactory than the cases we have had before us during the past three months.

JEFFERSON COLLEGE HOSPITAL.

NÆVUS.

DR. GROSS presented a case of nævus in a child which had been operated on before, but the ligature came untied from some unknown cause. He passed a curved needle armed with a ligature, through the centre of the nævus, and tied it on both sides. Next week this will be completely sphacelated. For this disease there are various methods of treatment—as excision, vaccinating, the introduction of nitric acid, nitrate of silver, or acid nitrate of mercury, or the seton, and we are governed by circumstances in our selection. We may also cut off the vascular supply by tying the arteries in its immediate vicinity, or those which supply the whole of the parts, as the common carotid. The latter is rarely successful, as the anastomosis keeps up the supply.

CASE OF BURN, WITH CONTRACTION OF MUSCLES OF ARM, ETC.

He next presented a colored woman, who had been burned by the explosion of a camphine lamp, on her arms, breast and neck. The left arm was contracted at right angles, and two of the fingers united by cicatrices. On the neck and arms were tumors, large and small. These may follow the extirpation of tumors, and vaccination. These burns were caused about eighteen months ago, and did not entirely heal till after nine or ten months, and then these appeared. They are the general result of burns or scalds, and are confined to the skin and cellular tissue. They itch a great deal when the person is heated, either by exercise or from the use of stimulating food, and are called *Cheloid* or crab-like, from the fibrous appearance on their surface, resembling crabs'-claws. They are evidently only a hypertrophy of the cicatrices, a deposit of plastic matter, and transformed into a fibro-plastic tissue. Under the microscope, they show cells with a sero-oleaginous fluid. They feel firm and elastic, and creak when cut, and are in some degree irremediable.—We cannot cure, or arrest the growth. We may, however, allay the itching, by means of astringent lotions, or pencilling them with tincture of iodine, one part to three of alcohol, every day, and regulating the diet. When cut out, they are sure to return, and may even enlarge. They are by no means malignant, and never become so. Dr. G. will operate at an early day on this case, for the contraction of the arm, and union of the fingers.

SCROFULOUS ABSCESS OF KNEE-JOINT.

Little girl about 4½ years. Knee-joint hot and swollen; leg flexed at right angles with the thigh. Probably predisposed to scrofula. There is distinct fluctuation, and it seems liable to open itself. An abscess in an articulation should be treated as elsewhere, and pus should be evacuated. Here he made a slight subcutaneous opening, and there passed out a small quantity of thick, flocculent pus, evidently scrofulous. In some of these cases, we may succeed in producing absorption by the tincture of iodine, or a blister over the part. The latter is preferable. After the operation, close with adhesive plaster.

Another little girl was presented, with a similar trouble of the knee, and anchylosis. He would at a future day break up these adhesions, and straighten the limb, and then apply stimulating lotions and dry frictions. The time is past for other active treatment.

WESTERN CLINICAL INFIRMARY.

JANUARY 18TH, 1858.

SERVICE OF DR. TURNBULL.

(Reported by F. E. Bond, M.D.)

EXTENSIVE INJURY TO THE EYE—COMPLETE RECOVERY.

The first case of interest which presented itself, was Edward W., a young man, aged eighteen years, assistant in a bar-room. He was suffering entire loss of vision, from injury of the left eye. The following is the history as given by him: While cleaning a shelf in the bar-room, above some mineral water bottles, one of them exploded while his head was bent down, and a piece of the bottle, of an oval form, struck him in the left eye, cutting the cornea and sclerotica, lacerating the iris and evacuating the fluid of the anterior chamber, filling it with blood, and prolapsing the iris through the opening.

Directed him to be placed in a dark room, and applied ice water to the eye, and soft extract of Belladonna around the brow, to subdue inflammation; and internally,

℞ Liq. Potas. Citrat. f℥ii.
Ant. et. potas. tart. 1 gr.
Sig. A teaspoonful every two hours.

Diet—tea and toast.

19th—Continued treatment. Iris not returned.

20th—The blood not being absorbed, directed two dozen leeches around the eye, and shut it up with a compress of lint.

22d and 23d—Pain is severe, and inflammation on the increase. Directed him to be bled to f℥viii., and take f℥j. ol. ricini at bed-time.

24th and 25th—Fluid beginning to accumulate in the anterior chamber—blood almost gone—feels as if something sharp was in the eye; this arises from the projection of the iris, which rubs when the eye is closed. Cut off the excess of the iris, with a small pair of scissors; applied a 10 gr. solution of nitrate of silver to the wound, so as to stimulate the iris, continuing the application of the extract of Belladonna, and directed infusion of Senna.

26th—The feeling as if there was still glass in the eye has gone, had a good night, not much pain, no vision.

27th and 28th—Iris is still in the wound; lymph has been thrown out, but there are still openings in the eye at two points.—Again removed a portion of the iris, and touched the edges with solid nitrate of silver, so as to make a perfect union, which is now taking place.

30th and 31st—Union is now complete, but so much lymph has been thrown out as to fill up the anterior chamber, so as still to prevent vision.

Feb. 1 to 10—Directed him to apply Ung. hydr. fort. by inunction, also take 1 gr. of hydr. chlo. mit. and ¼ gr. of opium, three times a day. This treatment was continued until his mouth was touched, when the lymph gradually commenced to disappear, until the pupil in the upper part was quite clear, diminishing the size of lower part of the eye from loss of iris, &c.

March 20th—Vision so much improved, that he can distinguish almost any object. Inflammation has disappeared, and almost all the lymph, but he has ptosis of his upper lid, having no power to elevate it. Directed the negative pole of an electro-magnetic machine to be applied over the supra-orbital nerve every third day, and painted the brow and upper part of the lid every day with tincture of iodine, saturated.

27th—Can open the eye-lid without lifting it up with the hand. Continued the use of the magneto-electric machine and iodine, until he acquired entire power over the lid. Discharged well on March 25th.

The case is one of interest, showing the power of nature to remedy the injury done. Still nature required guidance and reduction of her powers, else the whole eye would have been blocked up with lymph, and although union would have taken place, vision would have gone for ever. Dr Turnbull made use of no means to return the iris, except position, placing the patient on his back, and applying cold on and around the brow, with the soft extract of Belladonna. If there had been a slight prolapsus, he would have endeavored to return the iris; but as the whole eye was cut from one end to the other, he was fearful of doing mischief, especially as the iris was cut and bruised, and filled up the gap until the effusion of lymph and the filling up by fluid of the anterior chamber.

FOREIGN BODIES IN THE EYE.

March 25th—A young lady applied to have a foreign body removed from her eye. As there was nothing visible, adhering to the cornea, the upper lid was everted, when on its mucous surface was found adhering a small delicate seed, which required some

force to remove it, having been imbedded for twenty-four hours. On its removal, she stated that she had been fixing some dried grasses, and supposed it had got in at the time. As it had created some inflammation, she was directed a purgative; to keep the eye at rest; and use an infusion of green tea as a wash.

31st—Third case: Young man, aged sixteen, while turning in one of the machine shops of the neighborhood, a piece of iron flew off, and imbedded itself in the cornea. A fellow-workman had attempted its removal by means of a magnet, and also a needle, and, when the patient came to the Infirmary, his eye was exceedingly painful, with profuse lachrymation. Upon examination, the piece of iron was found below the epithelial lining of the cornea, and the surgeon therefore had to make an incision in the cornea, with a cataract knife, and then, getting the edge of the knife under it, threw it out of its bed, and thus removed it. The patient was very faint, and complained of the pain so much, as to require rest twice before it was removed. As there was some discoloration from the oxide of iron, Dr. T. directed a wash of infusion of pith of sassafras; with 1 gr. of zinci sulphas, to aq. f℥j; to be applied with an eye-glass.

April 3d—Returned to show the eye. The inflammation was all gone, also the discoloration from the oxide of iron. Discharged well.

Fourth case: Boy aged 12 years, an umbrella maker, came to the Infirmary, and stated that, while filing a piece of steel, 30 days before, a portion penetrated the eye; he did not take much notice of it at the time, but now he finds he cannot see so well out of that eye, and it is inflamed and painful. On examining it, the cornea was found opaque and elevated, and on opening with a cataract needle, there was found a piece of steel, which was removed. He became faint, so that the assistants had to lay him on his back and apply ice-water to his face. Directed ice-water to the inflamed eye, a purgative, and 1 gr. solution of zinci sulphas, to relieve the opacity. This case did not return.

Persons come to the Infirmary, complaining of foreign particles in the eyes, when, on careful examination, nothing can be discerned. This is owing, in most cases, to vascular injection of the conjunctiva. Dr. Turnbull's treatment of such cases, as a general rule, is purgatives, rest; and if they result from cold, he directs a 4 gr. solution of argenti nitratis to be dropped into the eye at once, to be repeated every second or third day, with rest and attention to diet.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

SEPTEMBER, 1858.

The President, Dr. JOHN BELL, in the Chair.

ON PLACENTA PRÆVIA.

BY WASHINGTON L. ATLEE, M.D.

August 28th, 1858, *at* 1½ *A.M.*—I was called to see Mrs. H——. The messenger stated that she had been seized with flooding, and as I knew her to be seven months pregnant, I hurried to see her. On my arrival, I found that they had sent after several physicians, and that one of them—Dr. Hollingsworth—was kindly attending to her. He had already made an examination, and stated that the os tincæ was high up, and very hard, as if diseased. The case was then placed in my charge, as the family physician.

Mrs. H—— had been as well as usual the day before, had felt the child to be quite lively, and had done nothing to injure herself. On the contrary, as she was in the habit of having miscarriages at the seventh month, she was particularly careful, and had not been down stairs for several weeks before. About 1 A.M., of the 28th, she was awakened from a sound sleep by a gush of blood without pain, and as it continued to flow, I was sent for in haste. In the meantime ice was applied to her abdomen. When I arrived, I found a pretty large blood-stain upon the bed, and a napkin also well saturated, together with watery stains, as if the liquor amnii had been discharged; but this was soon found to be made by the ice. The pulse was good, skin warm; but there was a good deal of nervous excitement. On examining per vaginam, I found the lower part of the uterus (the cervix) expanded, and that it had a thick, doughy feel—that the os tincæ was far back and high; that it was very hard cartilaginous, and ring-like, and that it was too small to admit the point of the index finger. I auscultated the abdomen, and perceived the action of the child's heart. I immediately ordered her 5 grs. of sugar of lead and ⅔ gr. of opium, which was soon rejected by the stomach. As the bleeding

continued, and the os tincæ was extremely rigid, I introduced the sponge tampon, applied a bladder with ice, and as the stomach continued to be irritable, I administered the lead and opium per rectum. Finding that the hemorrhage was controlled, I left her at 3½ A.M., with directions to continue the lead, etc., and the ice applications.

At 7 A.M., I called to see her again.—There had been no hemorrhage since, but her stomach had continued to be very irritable, rejecting every thing, and as I supposed from this that the os tincæ was being acted upon, particularly as she complained now of a considerable pain in the back, I passed my finger carefully along the tampon to the os tincæ, and found that it had thinned off considerably, that the cartilaginous ring had melted down, and that I could now pass the point of the index finger into the os tincæ, which still grasped it like a cord, and that I could discover the spongy placenta spanning it internally. As the parts were yet in a condition to forbid active interference, and as the vagina had become more capacious, I introduced an additional piece of sponge for greater security. Other treatment continued.

9 A.M.—After my last visit, the pains, instead of being constant in the back, became intermittent, but the retching continued.—Very little stain was on the napkin, the tampon protecting the patient admirably. No examination was made.

At 11 A.M. I called again, and found the pains more active. There had been considerable discharge of blood during the last half hour. The size of the os tincæ was the same, but it was softer, and by hooking my finger in it, and dragging against its edge at the time of pain, I found it to yield readily and then to expand rapidly. I now immediately withdrew the sponges, had the nurse to make firm pressure upon the abdomen, run my finger between the placenta and the internal face of the os and cervix uteri, which cleared the os tincæ of the placenta posteriorly. A rapid dilatation of the os tincæ now occurred, the membranes, occupying it, formed an excellent plug, as they were very firm and well filled, and were kept tight by pressure upon the abdomen. There was now very little bleeding. To maintain the action of the uterus, I now administered Ergot, and afterwards ruptured the membranes, which was followed by a large discharge of liquor amnii. The breech of the child was found to be presenting, back front. Hoping that the energetic action of the uterus would soon bring down the breech, I postponed the introduction of my hand, expecting that further assistance would be unnecessary. But I soon found, that notwithstanding the discharge of the waters, and the satisfactory contraction of the uterus, the hemorrhage was becoming more copious, and that delivery must be accomplished without delay. Consequently, I introduced the left hand along the hollow of the sacrum, seized the lower extremities, and delivered the child with very little trouble. During all this time, the nurse was aiding by firm pressure on the abdomen, which was subseqently maintained. As soon as the waters escaped, the cord came within reach, and no pulsation could be detected in it. The child, of course, was dead. Immediately after the birth of the child, I placed my hand upon the abdomen of the mother, and suspected, from its size, the presence of another child. On examining per vaginam, I found the placenta thrown off from the uterus, and removed it. Now acting on the supposition of the presence of another child, I renewed the examination, and found, instead, that the uterus was filled with clotted blood, which I cleared away and afterwards maintained tonic contractions with ergot and the binder. The hemorrhage now ceased.

The blood, which escaped before delivery, was of a medium color, neither very florid, like arterial blood, nor dark, like venous blood. The mass of clotted blood removed after delivery was dark-colored.

The surface of the child was not paled, as if drained, but had rather the appearance of an asphyxiated body—it had a purplish color.

The placenta was about 7 inches in diameter, rather thin; about one-fifth of its periphery, and for about 2½ inches in depth, on the uterine surface, it was coated with coagulated blood to the same extent; corresponding in place, on the fœtal surface, the membranes were separated from it. The perforation through the membranes was near this portion.

The last day of menstruation was the 20th of January. Five weeks and three days after she had a show. Consequently, gestation would have been completed on the 27th day of October. Delivery, therefore, took place precisely at the expiration of seven months.

Mrs. H—— was delivered of her first

child Nov. 15th, 1854, 25 days before the full period of gestation. The head presented with the posterior fontanelle to the right acetabulum. The child lived.

She became pregnant again in 1856. The last day of menstruation was the 20th of February. Labor being due November 26th. Miscarriage occurred on the 20th of October, being 8 months, while she was out of the city. Child dead several days.

In 1857 menstruation ceased again February 15th—the time for full gestation being November 22d. Parturition occurred September 26th, being only 7 months old. Breech presentation, back front. Child dead.

P.S.—For about one month previous to parturition the patient had been troubled with Hydrorrhœa. This would come on immediately after passing urine. About a teaspoonful of water would escape from the vagina in drops, at intervals of four or five days. It was colorless, and entirely free from urinous smell.

The patient has had a good recovery.

Propositions in the Treatment of Placenta Prævia.

1—The primary object in the treatment of Placenta Prævia is the arrest of hemorrhage.

2—This should be accomplished, if possible, with safety to both mother and child.

3—As both lives may be lost in trying to save both, the life of the mother should not be hazarded by undue endeavors to save that of the child. Or, in other words, the life of the mother should be preferred to that of the child.

4—In cases of parturition before the seventh month, and in cases of dead and nonviable children, the paramount and only duty is towards the mother.

5—In cases of sudden death of the mother from overwhelming hemorrhage during and after the seventh month, the urgent necessity is towards the undelivered child.

6—In such cases, immediate delivery should be effected, and long-continued efforts at restoration of the infant should be persisted in.

7—Immediately on the occurrence of hemorrhage, the patient should be placed in bed, with the hips elevated; should have cold applied to her externally, and take opiates and astringents.

8—If these means fail, and the os tincæ is too small or too rigid to admit of appropriate manipulation, the tampon should be associated with the above means.

9—The best tampon consists of small compact sponges, moistened with cold water. Its styptic power may be increased by wetting the sponges with vinegar, lemon-juice, a solution of alum or of tannic acid. The sponges should be introduced, one after the other, until the vagina is well packed, and, if necessary, retained by a T bandage.

10—The condition of the os uteri may be ascertained without removing the tampon, by passing the index finger between it and the wall of the vagina.

11—Should no pain follow the use of the tampon, or no available change occur in the condition of the os uteri, the sponges should be removed in two or three days, or when they become offensive; and again replaced, provided the hemorrhage has not ceased.

12—If parturient pains exist at the time, or supervene after the introduction of the tampon, we may await its expulsion by the uterine efforts, or we may remove it, and then act according to the circumstances to be hereafter stated.

13—In deciding upon more active measures, we must consider the general condition of the mother, the condition of the child, and the condition of the organs of generation.

14th—The *character* of these measures, as well as the *time* of adopting them, and the choice of one or the other, depend upon the above conditions.

15—The measures referred to are:

a. Partial separation of the placenta, rupture of the membranes, and delivery of the child by turning.

b. Partial separation of the placenta, rupture of the membranes, and the delivery left to nature, or aided by Ergot, or by the forceps, or by both.

c. Total separation of the placenta before delivery.

16—When the os tincæ is open, or dilatable, so as to admit the hand readily, and the child is living, and the mother's strength not wasted, the placenta may be partially separated, the hand introduced through the gap thus made, the membranes ruptured, and the child delivered by turning.

17—Or, the same circumstances existing, the placenta may be partially separated, the membranes ruptured, the loose flap of the placenta compressed by the hand, Ergot ad-

ministered, and the delivery left to nature, or aided by the forceps, and by firm, uniform compression of the abdomen.

18—If, however, [the same circumstances existing] the child be dead, or non-viable; or, if the child be living and viable, and the mother greatly prostrated by the loss of blood; the placenta should be entirely separated, the membranes ruptured, the delivery left to nature, or aided by the forceps, and the contraction of the uterus stimulated by Ergot and maintained by external pressure.

19—And, also, when the os uteri is rigid and undilatable, and the hemorrhage excessive and uncontrollable, hazarding the life of the mother, even if the child be living and viable, there should be a total separation of the placenta, rupture of the membranes, and a watchful postponing of further action until the parts of the mother will permit of the necessary manipulation.

20—Delivery by the forceps, or by turning, should not be attempted when violence has to be employed in entering the os uteri.

21—In great prostration from hemorrhage when the os uteri is dilated or dilatable, either partial or total separation of the placenta should be preferred to turning.

22—In great prostration, when the os uteri is not dilated or dilatable, and the hemorrhage cannot be controlled, the total separation of the placenta is the only safeguard.

23—In cases in which the os uteri is open, or dilatable, the child living, and the patient's strength maintained, partial separation or turning is to be preferred.

24—In cases of partial placenta prævia, after rupturing the membranes, the loose flap of the placenta should be pressed against the soft parts of the mother by the hand until the head of the child takes its place, and afterwards the delivery managed as heretofore directed.

25—So long as the soft parts of the mo ther are not prepared for the delivery of the child, it should not be attempted; and as soon as they are prepared, if the placenta be still adherent, and the hemorrhage continue, it should not be unnecessarily delayed.

The above propositions are offered as general rules of practice to guide us, but to be varied from as rare, exceptional cases occur.

(The discussion on the above next week).

Reviews & Book Notices.

AN ESSAY ON THE PATHOLOGY AND THERAPEUTICS OF SCARLET FEVER. By Caspar Morris, M.D., etc. Pp. 192. Philadelphia: Lindsay & Blakiston. 1858.

This is the *second edition* of this monograph, and we perceive that the author has availed himself of the opportunity greatly to improve it. We have not space for an extended notice of the work, but purpose only to indicate its chief points. Our author adopts the ordinary division of scarlet fever into *simple*, *anginose*, *malignant*, and *irregular*. The description of the various forms is full and satisfactory.

Under the head of the Cause of Scarlet Fever, Dr. Morris discusses the question of contagion. Suffice it that he is a contagionist, and presents very forcibly the usual arguments advanced in support of the doctrine. Our author, while admitting that the disease may be transmitted by clothing *worn* by the patient, denies the possibility of its communication by *mere transient intercourse*.

As an epidemic, it is of an erratic disposition, governed by no known laws, sometimes bounded by very narrow limits, prevailing in one section only of a city, or even confined to a single block of houses. In its epidemic and most fatal forms it seems to prevail in cycles of years, so that a whole generation of physicians may pass away without encountering it. This will account for the disease being often spoken of and described as a new one. The most fearful epidemics that have fallen under the observation of our author have been during the damp and changeable weather of the spring and fall months, extending itself from the latter into the winter. In respect to prognosis, our author's uniform habit is to speak cautiously of the lightest, and to encourage hope in the gravest, cases. Mortality among adults from this disease is greater in proportion to the number of cases than among children.

Our author gives us the following very

clear and satisfactory definition of the character of the disease:—"Scarlet fever is a febrile disease, dependent on a specific miasm, resulting from unknown external influences; yet capable of reproduction, and diffusing itself, both by direct contagion and by the establishment of a peculiar condition of the atmosphere within limited districts: the susceptibility to the influence of this cause varies in different individuals and at different periods of life, and is generally exhausted by one attack; the morbid impression is made on the nervous system, and transmitted to the circulating fluids through which every part of the organization becomes subject to the influence, while the principal localization of diseased action is in the capillaries of the skin and mucous membrane, which covers the pharynx and lines the kidneys; it has a fixed duration of from 120 to 160 hours, at the close of which period the disease has a natural solution, unless the disturbance of the functions has been so great as to destroy life, or local lesions have been produced which maintain the irritative action."

Our author calls special attention to the desquamative period, when the functions of the skin are almost wholly arrested, as a time when, for obvious, reasons, the anxieties of the physician should be especially active, and his care most vigilant.

In the treatment of this disease Dr. Morris recommends a judicious course. In the simple form the bowels should be kept open without *purging* the patient; he should be kept cool in a well-aired room, and while the skin is hotter than natural, sponge it with tepid water. Allow a bland diet.—Above all, do not allow the dread of the name scarlet fever to induce the adoption of a treatment which shall be more injurious than the disease itself. In the anginose form the application of warmth and moisture to the throat is recommended by means of poultices, or flannel cloths wrung out of hot water, or, better still, by means of the spongio-piline saturated with warm water. He speaks approvingly, also, of the application of a piece of fat salt bacon applied to the throat.—Blood-letting, either general or local, is not recommended, for very good reasons, we think. Internally, ice and iced water are recommended, together with astringent gargles, washes and injections. Emetics are not recommended, nor is the application of blisters. In cases where the secretion is thin and acrid, lime water is the best detergent. For this purpose, and indeed as an ordinary drink in this and the malignant form of scarlet fever, we would recommend from repeated favorable trials, water acidulated with muriatic acid. We have also used with good effects in cases where opium is administered, Dover's powder, substituting the chlorate for the sulphate of potash in its preparation. Restlessness is soothed by the use of small doses of morphia in the diaphoretic solutions. When the patient is languid and the skin cool and moist, quinine is recommended. Croupy symptoms are to be combatted by the use of alum, zinc or ipecacuanha emetics and other means. In the malignant form, a stimulating plan is recommended. Capsicum, our author has used with great satisfaction. We have not time to follow up the treatment of the sequelæ of scarlet fever. In belladonna as a prophylactic, our author has no confidence. Throughout the disease, and especially in the malignant form, great attention should be given to diet, and too early exposure to the air carefully guarded against.

We have thus given a very brief outline of this work, which the practitioner will find a very valuable addition to his library. The publishers have brought it out in a very neat, attractive style.

A Manual of the Practice of Medicine. By T. H. Tanner, M.D., F. L. S., etc., etc. First American, from the Third revised and improved London edition. Pp. 398. Philadelphia: Lindsay & Blakiston. 1858.

This is what it purports to be, a *manual* of the practice of medicine, and a very brief one it is—a real "royal road" to medicine. Such works our readers are aware, do not meet with much encouragement at our hands, though it seems almost necessary to tolerate them until more time is devoted to the study of medicine, and a more thorough course is ex-

acted of the student. It is therefore a desideratum to make these manuals as complete as possible. In the work before us, diseases of the skin are "done up" in twenty-one small octavo pages, diseases of the eye in twelve pages; while scarcely three pages are devoted to diseases of the ear! Still, this is no worse than most other manuals, and we feel bound to say that Dr. Tanner has made the most of his space, and given in few words a very good general idea of the symptoms, diagnosis, treatment, etc., of the various forms of disease. As small as the work is, sixty-one pages of it are taken up with an appendix of Formulæ for aliments, medicines, a classified list of mineral waters, (English and Continental), proportional table, freezing mixtures, etc.

An unusual feature is contained in the index. If the *book* is a *Manual*, we presume the *index* is a *Digital*: the first is the *essence*, and the second the *quintessence*, of the practice of medicine! *e. g.*

URTICARIA.—*Symptoms*—Prominent patches or wheals appear on surface, burning, tingling, itching. *Treatment*—Emetics, purgatives, plain diet, antacids, warm baths."—P. 279.

To the student or practitioner, who wishes to build up a reputation for a good deal of knowledge, on a small capital, we can unhesitatingly recommend this volume.

We wish the author would embark in a larger enterprise, for he has the talent and the reputation to do good service to medicine as an author.

THE URÆMIC CONVULSIONS OF PREGNANCY, PARTURITION, AND CHILDBED. By Dr. Carl R. Braun, Professor of Midwifery, Vienna. Translated from the German, with Notes, by J. Matthews Duncan, F. R. C. P. E., Lecturer on Midwifery, etc., etc. New York: S. S. & W. Wood, 389 Broadway. 1858. Pp. 182.

This, as we are informed by the Translator's Preface, is a single chapter from Dr. Braun's new Text-book of Midwifery. If one chapter contains so much of value, the whole work must be a valuable addition to the list of medical works, and we much regret that Dr. Duncan has not given us the whole work in his translation. We must, however, admit that this portion was most demanded, in view of the paucity of good works on the subject, while we have so many of value on Midwifery.

In many places Dr. Duncan has added quite full notes, connecting the work with authors, etc., of England, thus making the volume still more complete.

We have not space to give an extended notice of this book, but feel confident that its perusal will amply repay the physician, as, though small, it examines the subject in every light, and will give the profession all the most tenable views held by the continental "medicæ," in relation to this terrific pest of practitioners of obstetrics.

We shall, in concluding our notice, give some idea of his views on the Treatment during labor, etc. He says, "In sixteen cases of eclampsias occuring in succession, which I treated with chloroform and acids, complete recovery always took place." Cold water is applied to the head; the skin is sponged with tepid vinegar. He speaks thus decidedly of blood-letting: "General depletion of blood easily produces, in uræmic eclampsia, an injurious effect, because the cyanosis of the face coming on in eclamptic women, is only a consequence of the spasm; because, by bleeding, the hydrœmia is further increased, the nervous fits not improved, puerperal thrombosis and pyæmia in child-bed are much to be feared; and, because, not unfrequently, the paroxysms are aggravated by it, and exhaustion, fainting, and very slow reconvalescence are thereby produced."

FRUIT CULTURE.

We have received from the publishers, Fowlers & Wells, New York, a *Manual of Fruit Culture*, of 163 pages, edited by Thomas Gregg, which we commend to the notice of our readers who have the means, the taste and the time to devote to the raising of fruit.

Price, 30cts. in paper, and 50cts. in cloth. Address the publishers.

Editorial.

MEDICAL INSTRUCTION IN PHILADELPHIA.

The great labor incident to getting out our first number, particularly that portion of it devoted to the Medical Schools, Hospitals, &c., of this city, prevented our fully appreciating the extent to which medical instruction absorbs the mind of the profession of this city. An analysis of that list shows the following result:

Colleges, (Medicine and Collateral Sciences,) - - -	7
Practical Anatomy, - -	2
Hospitals, - - -	19
Dispensaries, (proper) - -	3
Special Lectures, - - -	12
Office Instruction and Winter Examinations, - - - -	12
Total,	55

There is a total of *fifty-five* different institutions devoted to medicine and the collateral sciences in their various branches, giving employment to about one hundred and fifty physicians and others. The statement of these facts is sufficient to show the important position held by this city in regard to medical instruction.

But we respectfully ask if there is not some danger of overdoing the matter. Is not the strength of the profession too much divided? First, are there not too many general hospitals for our population? Would it not be better to have, say, four large hospitals of that kind, (like the Pennsylvania Hospital,) and eight, or, at most ten, for special diseases, and have their wards made accessible to medical students by the payment of a moderate fee? And we think the general good would be best promoted by having each of the general hospitals connected with one of our medical schools. This may appear like asking a great deal for our schools of medicine, but we cannot in this city separate our medical institutions, *which are the birthright of the profession,* from medical teaching. *This* is as much an "institution" of Philadelphia, as its manufactures and its commerce,—aye *more*, for in respect to medical teaching, Philadelphia stands at the head of *all* other cities of our land, and it would be just as reasonable to lay an embargo on her steam and her water works, or to cast obstructions into her harbor, as to throw *any* obstacles into the way of teaching medicine here to the best advantage. The doors of every medical institution in the city, large or small, ought to be thrown *wide open* to our schools, and every facility most cheerfully offered to the schools, to add to the number of attractions in this city for the medical student.

Again, we would respectfully ask if we are not in danger of overdoing the work of giving private office instruction? Would it not be better if this talent was more concentrated? Is the present method any improvement on the former plan, as carried out in the Philadelphia Medical Institute, and the Philadelphia Association for Medical Instruction? We doubt whether any thing has been gained to the student, though there is no question but those who are engaged in giving instruction receive much benefit themselves; for the thought and study necessary to impart knowledge profitably to others, deepens impressions on the teacher's own mind.

The above thoughts are intended to be suggestive, and we hope that our readers will discuss in our pages, both these questions, and others that may be started by them.

OUR TERMS.

It will be seen that in our Prospectus we have announced that the REPORTER is to be conducted on the cash principle. We wish to pay cash as we go, and to do that we must get cash. We have been engaged in journalism long enough to learn by some very unpleasant experiences, that it *does not* PAY to send our journal to subscribers, and to advertise, on credit. We have suffered by it, and we do not wish—*and we do not intend* —to suffer from the same cause any more.

A good many subscribers are in our debt now. They are not ignorant of the fact, for we have warned them often enough. Now, while we wish to be as lenient as possible, we have nearly reached a point with some of them, where forbearance ceases to be a virtue. They must pay at least for what we give them *now*, even if they ask further indulgence for the past. *This much, we must and will exact!* We wish to give a maximum quantity of matter, and that of the best quality, for the subscription price, and we can only do it on the cash principle.

We trust our readers will pardon this allusion to money affairs in our columns. We shall not often annoy them with such matters, for it will be seen that we purpose adopting the most effectual way of avoiding it. We close these remarks with the following, as the experience of one of the most successful publishing establishments in our own or any other country:

According to the *New York Tribune*, the three cardinal elements of business in our day are: 1. The article offered must be well worth the money. 2. It must be adapted to the needs and tastes of the million. 3. It must be so advertised that the million are made fully aware of its existence; and 4. *It must be sold for cash down*, AND NOTHING SHORT.

DISEASES OF THE CHEST.

Why should there not be in this city an extensive institution for the treatment of diseases of the Chest? There is hardly any class of diseases that need to be more under the eye of the physician than those involving this very citadel of life. It is of vast importance to the patient that he take food and exercise, as well as medicine, under competent advice. There are hospitals for consumptives, abroad, and they accomplish much good; why may we not have one for *all* diseases of the chest? The situation of Philadelphia is acknowledged to be healthful, and its physicians are known to be skilful.—Let us therefore, encourage an institution in our midst, which may be made a blessing to many an invalid. Our townsman, Samuel S. White, Esq., has devoted a large and very beautiful plot of ground, with buildings, in West Philadelphia, to the purposes of a Home for Invalids with diseases of the chest. He was induced to do so from the fact that he lost some relatives and friends by consumption, and he felt that if they had been placed in circumstances where they could have had proper medical care and nursing,—such as they could not have at home,—their lives might have been prolonged. This Institution looks to *the Profession alone* for countenance and support, and we hope it will receive both, so that it may soon be enabled to establish, for the benefit of the poor an eleemosynary department, which might be opened to the student. The attending physician is ready on any day from 11 to 12 o'clock, to receive visitors at the Institution. We trust that our readers will go and examine it for themselves.

CORRECTIONS.

It was hardly possible to collect so large an amount of material as was comprised in our catalogue of means of medical instruction in this city, without committing some errors. We are glad that there are no more of them. As far as we are aware, the following is the sum:—

1. There *were not* 4500 patients "brought before the class" at the University, last year, but those who attended both the daily and weekly clinic saw that number of cases.

2. The private course of lectures attributed to Dr. C. S. Bishop, on page 20, is wrong. With some essential corrections, it is a part of the regular Course in the University, just as the Course on Practical Anatomy is, and should have followed that on page 10. It is a demonstrative surgical course under the direction of the Professor of Surgery, and is given in the Surgical Rooms of the University, with Dr. C. S. Bishop as Demonstrator, and Dr. Edward Shippen as Assistant Demonstrator. The fee for the Course is $10.

Dr. Bishop gives a Summer Course somewhat similar to the above at his Rooms, N. W. corner of Chestnut and Ninth Streets, beginning the first Monday in April. The fees of that Course are $10—or, without Operations, $5

3. The fee for Dr. Da Costa's Practical and Demonstrative Course on Diseases of the Lungs and Heart, is $20, and not $30, as published.

4. The following is the order of the Clinical Course at the Western Clinical Infirmary:

DISEASES OF DIGESTIVE ORGANS.

Dr. JOS. KLAPP, 622 SPRUCE Street:—Mondays and Thursdays, at 5 o'clock, P. M.

CHEST AND THROAT.

Dr. J. A. MEIGS, 1531 LOMBARD Street:—Tuesdays and Fridays, at 10 o'clock, A. M.

SKIN.

Dr. O. H. PARTRIDGE, 631 SPRUCE St:—Tuesdays and Fridays, at 4 o'clock, P. M.

EYE AND EAR.

Dr. L. TURNBULL, 1208 SPRUCE Street:—Wednesdays and Saturdays, at 10 o'clock A. M.

URINARY ORGANS.

Dr. CHAS. NEFF, 1901 CHESTNUT Street:—Mondays and Thursdays, at 12 o'clock, M.

OBSTETRICS AND DISEASES OF FEMALES.

Dr. E. McCLELLAN, 1110 GIRARD Street:—Tuesdays and Fridays, at 12 o'clock, M.

FEVERS.

Dr. W. DARRACH, 1120 ARCH Street:—Wednesdays and Saturdays, at 12 o'clock, M.

BRAIN AND NERVOUS SYSTEM.

Dr. MOREHOUSE, 227 South NINTH Street:—Wednesdays and Saturdays, at 5 o'clock, P. M.

SURGERY.

Drs. D. D. CLARK, 294 South THIRD Street, and R. L. MADISON, 1516 CHESTNUT St:—Wednesdays and Saturdays, at 9 o'clock, A. M.

5. Dr. James Bryan gives a Course on Surgery, at his Office, 1306 Walnut Street, beginning Tuesday evening, October 13th, at 7½ o'clock, P. M.

Periscope.

OINTMENT OF IODINE AND BELLADONNA IN INFLAMED MAMMÆ.

Dr. J. H. Weatherly, of Montgomery, Ala., in the *Atlanta Med. & Surg. Journal*, strongly commends the above treatment. He gives the following formula: ℞ Iodine, Ext. Belladonna āā gr. xx., cerate ʒ.j He has used it in several cases with satisfactory results.

BELLADONNA AS AN ANTAPHRODISIAC.

Dr. J. F. Heustis, of Mobile, Ala., in the *N. O. Med. & Surg. Journal*, speaks strongly in favor of the use of Belladonna in cases of chordee, having accidentally noticed such result. He has since often employed it, and never fails, unless the system is not sufficiently under its influence.

PERINEAL SECTION FOR STRICTURE OF THE URETHRA.

Dr. W. Fraser, of the Montreal Gen. Hospital, reports in the *Montreal Med. Chronicle*, a case treated by this new method of Professor Syme, of Edinburgh. The case was rather unfavorable for the operation for several reasons, and was one of hard, cartilaginous stricture, in the vicinity of the bulb. The result was a complete cure. The operation was as follows:

"The staff (Symes') was introduced. He was then placed upon the table, and fastened in the lithotomy position. Chloroform having been administered, the operation was commenced by an incision in the median line, an inch and a half in length, and terminating about an inch in front of the anus. After dividing the skin and cellular membrane, the groove in the staff could be distinctly felt, but owing to the thickness of the parts near the bulb, the shoulder of the instrument could not be distinguished. The dilated membranous portion of the urethra behind was easily felt, and served as a guide for the introduction of the knife, the object being to cut from behind forwards. Commencing at the posterior border, the stricture was divided, keeping carefully in the median line, and following it forwards until the shoulder of the staff was reached, imbedded in the bulbous portion of the canal. The handle of the staff was then depressed, and the instrument passed readily into the bladder. The walls of the stricture, though feeling hard and cartilaginous on slight manipulation, were remarkably brittle, and could be readily broken down by the finger. A No. 8 silver catheter was then introduced, and the patient put to bed on his back, with the shoulders well raised, and a large sponge so placed as to receive the urine as it flowed from the catheter."

The operator considers, under the circumstances, no other operation could have been successful.

STRYCHNIA IN CONSTIPATION.

Dr. F. Le Jau Parker, of Charleston, reports, in the *Charleston Medical Journal*, a case of constipation of an obstinate character, in which he used 1-16 gr. of the acetate of strychnia three times a day, with highly satisfactory results. The action was speedy and permanent, and the patient soon recovered his usual health.

ANEURISM TREATED BY COMPRESSION, AND INJECTION WITH THE PERCHLORIDE OF IRON.

In the *Montreal Medical Chronicle*, Dr. John Reddy gives a report of several cases treated thus, in which the most complete success resulted. The injection was performed by means of a trocar, and canula, and a syringe; this having produced coagulation of the contained blood, compression was applied alternately above and below the seat of disease, with the happiest effects. He injected only sufficient of the astringent to produce a firm coagulation in the tumor.

Medical News.

MARRIAGES.

Breed—Boyce—In Lynn, Mass., on the 22nd of September, Wm. M. Breed, M.D., of this city, to Mary B., daughter of William S. Boyce.

Bratt—Douglas—On the morning of the 30th of September, by the Rev. Dr. J. H. Alday, Dr. Benjamin B. Bratt, of Reading, Pa., to Miss Agnes M. Douglas, of Meadville.

Bryan—Gallagher—On September 23rd, by the Rev. Dr. Howard, W. Gallagher, Esq., of Kittanning, to Miss Annie E., daughter of Dr. J. Y. Bryan, of Bryansville, Pa.

Penrose—Boies—On the 28th ult., at Wilmington, Del., by the Right Rev. Bishop Lee, R. A. F. Penrose, M.D., of this city, to Sarah H., daughter of the late J. S. H. Boies, Esq.

Rank—Miller—On the 1st instant, by the Rev. H. B. Manger, Augustus Miller, Esq., to Miss Mary Josephine, eldest daughter of Dr. N. Rank, all of this city.

DEATHS.

Thomas—In Camden, N. J., on the 18th of August, of dysentery, W. G. Thomas, M.D., in the 33rd year of his age.

Ticknor—At Ann Arbor, Michigan, September 20th, B. Ticknor, M.D., Surgeon in the United States Navy, aged 70 years. Dr. Ticknor received his first appointment about 45 years since; has been upon the ocean nearly 20 years of that time; has made five voyages round the world, crossed the equator 18 times, and received the appointment of Fleet Surgeon three times. He lived an honest man and died a Christian.

Dr. Richard Seldener.

It is feared that Dr. Richard Seldener, of this city, was a passenger on the ill-fated steamship Austria, and that he perished with the hundreds who lost their lives on that melancholy occasion.

Death of COMBE the Phrenologist.

Dr. George Combe died on the 14th of August, at the age of seventy years. He was born in Edinburg on the 21st of October, 1788.

After receiving a liberal education, he practiced law for some years, during which time he became acquainted with Dr. Spurzheim, the disciple and associate of Dr. Gall, the celebrated originator of the system of Phrenology. Having become inthusiastically interested in the subject, he abandoned his low practice, and in connection with his brother, the late Dr. Andrew Combe the writer on physiology, devoted himself exclusively to the further developement of what was claimed to be a new science.

His efforts to promulgate and popularize the doctrines met with the severest opposition from very respectable quarters, but with the patience of a martyr, he bore the contumely and ridicule, and with the devotion of a philanthropist, strove to elevate his favorite system to the rank of a science.

Since the time of Gall and Spurzheim, Combe has been the great apostle and exponent of their peculiar tenets. Although his views in general are still as ever the subject of controversy, the world will acknowledge an indebtedness to him for much that is original in mental science, and venerate him as an honest votary of philosophy, and a lover of his race.

He was personally much beloved and respected and has certainly left his impress lastingly upon the age.

He wrote much on his favorite specialties. In his first "Essays on Phrenology," which led to a systematic treatise on the subject in 1825, entitled, "A System of Phrenology."

He also established and edited the "Edinburg Phrenological Journal." In 1828 he published his most important production, "The Constitution of Man, considered in relation to external objects."

In addition to these, and unnumbered controversial pamphlets, he published his "Lectures on Phrenology;" "Notes on the United States during a Phrenological Visit," and latterly some works on "Prison Discipline," and "The Application of Phrenology to Painting and Sculpture."

His principal works have been repeatedly translated and extensively circulated. L.

Dr. Valentine Mott, of New York, on whose head foreign honors have been showering for many years past, has lately received an addition to the list, in the shape of a diploma as Honorary Fellow of the Imperial Society of Medicine of Constantinople, of which Sauvre is President, and Bartolletti Secretary.

TO CORRESPONDENTS.

We have received from the publishers, Blanchard & Lea the following works, which will be duly noticed:

1. Watson's Lectures on the Principles and Practice of Physic. Edited by D. F. Condie, M.D. A New Edition.

2. A Compendium of the Diagnosis, Pathology and Treatment of Diseases of the Urinary Organs. By W. W. Morland, M.D., of Boston.

3. Wilson's Human Anatomy. Edited by Wm. H. Gobrecht, M.D. A new and improved edition.

THE
MEDICAL AND SURGICAL
REPORTER.

WHOLE SERIES, NO. 104. | PHILADELPHIA, OCTOBER 15, 1858. | NEW SERIES, VOL. I. NO. 3.

Original Communications.

A Case of Neuralgia Successfully Treated by Exsection of the Inferior Maxillary Nerve.

BY D. HAYES AGNEW, M. D.,
Of Philadelphia.

Mrs. ———, a widow lady aged sixty-three, had for five years suffered intense pain in the teeth of the lower jaw, and the integument as far forward as the middle of the lower lip and chin. She had been under the care of several physicians in Baltimore, and elsewhere, and taken every conceivable remedy. All the teeth on the affected side had been removed, yet without relief. At the suggestion of some friends, she consulted Dr. Ludlow, of this city, who, satisfied that internal remedies, and external applications promised but little benefit, advised a resort to operative measures. By request of the Doctor, I visited her in company with himself. Her face bore the marks of intense and protracted suffering: the surface of the skin, from the anterior dental foramen to the median line of the lip and chin, was so exquisitely tender as not to tolerate the slightest touch of the finger, while the paroxysms of pain were almost insupportable. For five years she had not been exempt from severe suffering, except when under the influence of powerful anodynes. An operation was suggested, to which she readily assented. On the 25th of September, assisted by Drs. Ludlow, Smith, and Page, the patient being placed completely under the influence of ether, an incision was commenced a little in front of the angle of the inferior maxillary bone, and carried upward sufficiently high not to endanger the parotid duct: the integument and masseter muscles were divided down to the bone, and the parts being held asunder, a $\frac{3}{4}$ inch trephine was applied and the external table removed, exposing the inferior dental canal containing its blood-vessels and nerve. This portion of the nerve being removed, the hemorrhage resulting from the division of the inferior dental artery, which was very profuse, was arrested by an application of the actual cautery. The subsequent treatment consisted in simply approximating and maintaining in position the edges of the wound by adhesive strips, a compress, and T bandage. The result was most satisfactory, as she has enjoyed ever since the operation, a complete exemption from all suffering, and so great has been the transition, that she can find no language which so adequately expresses the contrast of her present comfort with her previous distress, as that of being in *Paradise*.

Researches into Odic Phenomena:

Discovery of a New Cosmical Agent.

From Letters of Baron Reichenbach, of Vienna.

EXTRACTED AND TRANSLATED BY DR. G. BACHMAN.

Baron Reichenbach, of Vienna, recently published the results of his experiments on sensitive persons of marked nervous temperament, who are capable of perceiving the manifestation of an imponderable agent, hitherto unknown, and unappreciable by persons not endowed with a nervous temperament. The Baron gives to this agent the name of *Od*. He refers to a future one of the series of letters in which he publishes his observa-

tions, to explain the etymology of the term.

The first peculiar phenomenon, which was perceived by a lady of his acquaintance, and which led him to experiment further, is this: A large mountain-crystal, which had a flat base and pointed apex, was lying horizontally across the corner of a table, projecting at its two ends. The room was completely dark, which darkness was broken by a blue light, emanating from the sharp end, in an undulating, scintillating motion, and a yellow flame issuing, with a similar movement, from the blunt end of the crystal. On subsequent experiments with hundreds of other sensitive persons, as he calls them, he found this remarkable phenomenon confirmed, and also found that these persons, on approaching the crystal with the left hand within three inches, or so many feet, (if the crystal be a large one,) would experience a cool breath issuing from the sharp end, and a lukewarm one from the base end. The former is accompanied by a sensation of agreeable, exhiliarating freshness; the latter by repugnance, and sometimes nausea. The Baron, startled at these singular manifestations, was at a loss to refer them to any known physical and physiological laws. It cannot be heat, for there is no source of heat, and the thermoscope remains unaffected by it. Electricity it is not, for there is no electro-excitor at play; the electroscope remains, also, unaffected by it, and conduction according to electrical laws, is fruitless.

Magnetism it cannot be, for crystals are not magnetical; nor can it be light, as mere light is not attended by sensations of warmth or cold.

The Baron being convinced of having discovered a new dynamid, carried his investigations further, and next tested its effects and presence in the sun. He placed the observer in the shade, holding a glass rod, or even wooden stick, in the left hand, ordering the rod or stick to be held in the light of the sun. According to our received notions of conduction and radiation of heat, we should expect to hear the observer say that a sense of heat in his hand was the result of the test, but the contrary takes place. The hand will feel cool, and immediately on retracting the rod into the shade, a sensation of heat will follow.

These are the circumstances which reverse the order of things as perceived until now,—the rays of the sun do produce in certain conditions just what they are expected to obviate, cold—and this cold, the subjects perceiving it will tell you, has an effect analogous to that which that issuing from the pointed crystal manifests. If this phenomenon just described is of the nature of the *od*, it will like the crystal, emanate light in the darkness. Thus sylogizing, the Baron conducted a copper wire from the light of the sun into a darkened room, in which representatives of the temperament mentioned heretofore were posted. Immediately the persons belonging to that class observed the wire glowing, and a flame of the size of a finger rising from its end. Go a step further, and throw the colors of the rainbow through a glass prism, on the next wall, let the nervous individual catch the reflected colors by means of the glass or wooden rod, on the mere hand; the effect will be as follows: The blue color will create a pleasant, refreshing sensation, more so than from the light of the sun, the yellow will produce the known lukewarmness of the odic tests already mentioned, and the red will increase the latter effects and fatigue the arm. This seems to furnish an index at the same time, that caprices which individuals show in regard to color, may have another cause than mere optical impression. Aside from the odic effects of the colors, the Baron proves the *od* nature of the solar rays. Polarize them in the known manner, that you let them pass through a bundle of a dozen glass disks, on an angle of 35 deg.; then let the sensitive observer throw the rod alternately into the direct and reflected light, and the result will be an alternate sense of cold and lukewarm-

ness, as the rod passes the direct or reflected light.

Further: place a glass of water under the direct or reflected light, or under the blunt end and the sharp end of the crystal, or under the blue color of the artificial iris and the yellow of the same, and that which produces coolness of the reagents cited, will acidulate the water, after being from five to ten minutes under its influence, and that which produces the lukewarmness will cause the water to taste bitter and nauseating to the sensitive, while the former he will drink with pleasure, and think it refreshing.

The experiments in respect to the solar light will be polarily reversed if the moonlight is experimented on.

The Baron promises to show, in his future letters, what the influence of his discovered cosmic dynamid is on the entire universe.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL:

OCTOBER 2ND.

SERVICE OF DR. GERHARD.

BRONCHITIS.

A case of bronchitis was presented in the person of a woman, whose appearance indicated great exhaustion. There was diminished power of nutrition. The pulse was not frequent, being about 75, and this is a good indication, showing that it is not a case of tuberculosis. The cough is most troublesome at night, with an expectoration of a white and yellow matter, but no blood. The chest is not rounded, which is a good indication. Percussion produces a clear sound on both sides; in fact, rather too clear. It is evidently a case of bronchitis with emphysema. On auscultation, a sonorous mucous ronchus is heard. We have two indications here to prescribe for—the great want of strength, and the disease itself. We will give cod liver oil, and the following:

℞ Quin. sulph. gr. ij.
Pulv. ferri gr. j.
ft. pil.

Give one three or four times a day. Diet should be nutritious. The chest should be bathed with salt water, or a slightly stimulating liniment, and give some simple remedy for the cough.

CHRONIC DIARRHŒA.

The *diarrhœa case* presented on the 22nd of September, (See p. 22,) was again brought before the class. The tongue is still coated, which is more favorable than if clean and glossy. The abdomen is retracted, but not sunken in, and gives a clear gaseous sound on percussion. There is an abundant eruption of sudaminæ, no pain, except at the lower portion. The discharges are not so frequent. He is excessively somnolent, from the opium, which he is taking in doses of half a grain every two hours. It has gradually been increased to this dose. This is a remedy with which we must be careful, as it is capable of doing much mischief, and especially when given to children. The blue mass, which he was taking, has been discontinued, as it did not act well. In the early stages, mercurials act well, but not always so in chronic cases, where ulceration is going on.

Nitrate of silver has been thought useful, but Dr. Gerhard does not think he has seen much benefit to flow from its use. When taken by the mouth, it acts exclusively on the stomach, coating it over with caustic, in combination with albumen, without any effect being produced at the seat of disease.

In the use of this article, physicians are much deceived. Injections of nitrate of silver act directly on the ulcerated surfaces, when within reach, and hence may prove serviceable. Dr. Gerhard occasionally uses it, but does not continue it long, unless its good effects are soon evinced. In this case, he directed the following injection:

℞ Argenti Nit. gr. ½
Tr. opii gtt. xx—xxx.
Aquæ f℥ ij.

To be given once a day, and oftener if necessary.

TUBERCULOSIS WITH PARAPLEGIA.

Dr. Gerhard next presented a man with paraplegia; he walked with a dragging motion of the limbs, which has been the case for three months. There is no injury, or other cause for this, appearing. He has no bowel complaint, no spitting of blood, only an expectoration of a thick yellow matter.

He has phthisis. The loss of power may be from the development of tubercles in the spinal marrow, which is not at all probable in this instance; or it may be from organic disease of that portion of the frame; or from external pressure, as by the effusion of a liquid in the cavity of the vertebræ. Dr. Gerhard would ascribe it rather to a disease of the spinal marrow, because there is no evidence of effusion anywhere else, and again, the loss of power does not seem equal on both sides. The nature of this disease is not conclusive, but it is, probably, imperfect softening. He would prescribe for this alone at present: The patient will have blisters half an inch wide, and four or five inches long, placed on each side of the spinal column, at the junction of the dorsal and lumbar vertebræ.

Rheumatism.

A woman of a fleshy appearance, was presented, who has been laboring under acute rheumatism for the past two weeks. She was not bled, as there was not sufficient fever. She has a little cardiac disease. We can do her most good by inducing perspiration, and relieving the pain. These indications will both be answered by giving Dover's powder, of which she will take 5 grains three or four times a day, and also a purge, as Scudamore's mixture.

October 2nd.

JEFFERSON COLLEGE HOSPITAL.

Scrofulous Abscess of Knee-Joint.

Dr. Gross again presented the little girl with abscess of the knee-joint, which was opened and the limb straightened at the last session. The little patient was put under the influence of chloroform, the abscess re-opened and the limb again straightened.

Cataract.

Dr. G. presented a very interesting case of *cataract* occurring quite suddenly in a young woman. She was unaware of it, until her sister noticed it; she had no pain, and had her sight perfectly six weeks ago. There was no assignable cause. Both lens and capsule were involved. The diagnosis is sufficiently easy; there is no positive difficulty, if a careful examination is made.—Opacity of the cornea is recognized by being superficial, while cataract is deep seated. We may dilate the pupil by means of belladonna, etc., to examine the lens, and see how far it extends. When it is of a pearl-light color, it is most generally soft; if drab-colored, hard. If we find the lens larger than natural, it is generally soft; and as we have both these indications, we may consider this a soft cataract. She can discern light only, and on cloudy days and at twilight. The reason of this is because the pupil is then more dilated, and hence more rays can pass in. As she sees well with the right eye, and has sufficient sight for all purposes, the question arises whether it is best to operate. As the continuance of the cataract may have a deleterious effect on the other eye, an operation seems to be indicated: but he will, for the present, hold the case under advisement.

Artificial Hare-Lip.

A little child was presented, with an artificial hare-lip, the result of a fall. A keloid tumor had formed in connection with the cicatrix, extending from near the lower eye-lid to the upper lip. It will be necessary to remove the whole of the cicatrix, and endeavor, by carefully approximating the edges, to improve the appearance. Having administered chloroform, the operation was performed, and when finished, presented a prospect of a neat union.

October 6th, this case appeared to be much improved, the cut edges uniting nicely.

Several other cases were presented, among which were two of *club-feet*, which were operated on, and one of coxalgia, which was treated by the application of the actual cautery.

PENNSYLVANIA HOSPITAL.

October 6th.

SERVICE OF DR. GERHARD.

Amenorrhœa.

Dr. Gerhard presented a case of amenorrhœa in the person of a woman about thirty-three years of age. Patient has been complaining for two years—is pale, anœmic, and has palpitations of the heart. In these cases, particularly when of long continuance, we almost always find disorder of the heart. Now, disorders of this organ may be either functional or organic, and it is of importance to distinguish between them. A part that is

organically diseased, has some lesion of structure. In the case of the heart, there may be hypertrophy, or atrophy, or adhesions, or adventitious deposits, etc. Functional disorder involves no lesion of structure, but may depend on disease of another organ, or on constitutional disease. We will examine this case. There is slight hypertrophy of the heart, evinced by a fullness on the left side, over the region of the heart, by dullness of percussion, over a larger space than natural, and by certain auscultatory sounds. We have here a bellows sound, coincident with regurgitation through the mitral valve, and the rapid passage of blood through the aorta. In this case the affection of the heart is partly organic, and partly functional. The impulsion of the heart is different in organic and in functional disorders. In the former it is strong and decided, while in the latter it is quick and jerking. In this case the impulsion tells of hypertrophy. The functional disturbance is caused by the amenorrhœa under which the patient labors.

We will put this patient under a treatment calculated to cure the amenorrhœa under which she labors, when the functional disorder of the heart will disappear. We will have her use warm applications and mustard-poultices to the pelvic region, hot mustard foot-baths, allowing the hot steam to bathe the lower extremities by throwing a blanket over the bucket, and enveloping the lower portion of the body with it. We will also give her aloes, which is the best emenagogue that was ever invented; savine might also be used. For the functional disorder of the heart, valerian and assafœtida would be found useful; but, above all, diet and exercise are important. There is not too much hypertrophy here for moderate exercise. In recommending exercise to women, be sure and tell them to take *out-door* exercise. They will tell you that they have plenty of exercise, but you will find, on inquiry, that it is all in-door, over the wash-tub, or with the broom, or perhaps the needle. Out-door exercise must be enjoined in these cases.—You must bear in mind, too, that different persons require different amounts of exercise; and it should not be overdone. The average health of young persons in this country is not so good as it was forty or fifty years ago. This is attributable in great measure to the prevailing indolence of the habits of young people of both sexes. Our young ladies play the piano, read sentimental novels and tales, and their needle-work is of a kind that gives them but little exercise. Food is also more inappropriate than it used to be, and is too hastily eaten. We will put this patient, therefore, on three grains of aloes every night, a wholesome diet, f℥j of the fluid extract of valerian three times a day, and the warm applications, foot-baths, etc., before adverted to.

Obstruction of the Bowels.

This patient, a man aged about forty-five, was brought from the surgical ward. You perceive that there is enormous distension of the abdomen. This may be caused by several circumstances, such as first, growth of internal diseased structure, as enlarged liver, cancer, etc.; or second, by ascites; or third, by accumulation of gas. Percussion shows tympany over the whole abdomen. There is no ascites, for there would be dullness on percussion, and fluctuation, especially over the lower portion of the abdomen. Tympanitis is not of itself a disease, but an effect of disease. The question is not, what exists at the moment, or, what is appreciable to the senses; but how far back can we trace the symptoms. Dropsy is not a disease, but a symptom of disease of the liver or heart.—Now, what is the origin of this tympany? In the other ward, one of the surgeons found a stricture of the bowel, but as it is not evident now, it could not have been of a permanent character. It is not a cancer. If it were, the patient would have a pale, almost straw-colored tint of countenance, and the blood would give evidence of alteration under the microscope. This patient has had this trouble since July, 1857. He was a porter in a store on Chestnut Street, and was in perfect health up to the time of this attack of sudden, griping pain, while he was engaged in packing some dry-goods, using considerable exertion. If the obstruction was caused by cancer, it would most likely have come on gradually. This is probably produced by some mechanical cause. These are various. Dr. G. witnessed in Paris a case of enormous distension of the abdomen, which proved fatal, and the post mortem examination revealed the fact that it was caused by an accumulation of cherry stones, etc., in the bowel.

We will endeavor to keep this patient's bowels in a soluble condition, by giving him ol. ricini f℥ss three times a day, unless it

cause nausea, and we will combine with it ʒj of the extract of ginger. We will also operate at the other extremity of the intestinal canal by giving injections of castor oil with oil of turpentine.

Paralysis from Sun-stroke.

A case of paralysis, the result of sun-stroke, was brought before the class. It came on last June, suddenly, with dimness of sight and heaviness, while the patient was walking in the hot sun. He managed to get to his home, but it is sometimes much worse than this, and the patient loses consciousness altogether. This man has an unsteady gait, the muscles of the face appear slightly drawn to the right side, and the tongue, on protrusion, inclines the same way. In ordinary sun-stroke there is generally no permanent paralysis, but sometimes, as in this case, there is effusion in the brain, and paralysis follows. Primarily there is nervous prostration, and the organic difficulty when it is present, comes on afterwards. It is, therefore, absurd to bleed at first. It is bleeding the patient out of life. If bleeding is required, it must be after reaction has taken place. Not a patient was bled in this house during the past summer for sun-stroke.

We will order this man to have cold affusions to the head by means of a shower-bath, three times a day; to have dry cups applied to the back of the neck; and every two days, two cut cups. We will also give aloes as a laxative, three grains every night. Aloes is an excellent laxative, and causes a consistent fœcal evacuation, but Dr. G. is doubtful whether it has any specific effect on the lower bowel. He mentioned the case of a gentleman under his care, who had effusion on the brain, and who was cured by the long continued use of aloes as a laxative, combined with cold affusions, cups, etc.

SERVICE OF DR. NORRIS.

Fractures of the Humerus.

Among the most common accidents with which you will meet, gentlemen, in your surgical career, are fractures of the bones, particularly of the long bones, and it is of great importance that they be properly treated, not only to the patient, but to your own reputations as surgeons. We will present to-day a series of cases of fracture of the humerus, beginning with the most simple.—The cases of fracture seen here are generally, however, more severe than you will meet with in private practice.

1. This is a case of simple fracture of the humerus at its lower third. It was occasioned by the kick of a mule, and happened three weeks since. There was an external wound at the seat of injury, and it was at first feared that the fracture was a compound one, but the wound appeared to be superficial, and caused by the animal's shoe, and was treated in the most simple manner, and has given no trouble. You will notice that there is a considerable degree of firmness here. Union is taking place, callus is thrown out around the injured bone, and the process of cure is going on satisfactorily. There is slight motion yet, and it will be some three or four weeks before firm union takes place. If this man should be careless with his arm, should lay aside his splints, and attempt to use it as it is,—a thing patients are very apt to do if they are not watched,—he would be very sure to break up the union that is now so satisfactorily taking place, the callus would be absorbed, and he would soon be back here with a false joint. It is the common practice in treating fractures of the humerus, to apply a roller to the arm from the fingers to the shoulder, and return it upon four splints, one on each side of the humerus. The practice in this house is to use a single angular splint instead of the four splints above alluded to, though in oblique fractures it is sometimes necessary to apply a short splint to the outer portion of the arm to keep the bone in place. At each dressing, a splint of a different angle from the last should be used, to prevent anchylosis. The object of the first roller is to give support to the muscles, and prevent swelling, which would necessarily follow, if the fracture was dressed without taking this precaution. The angular splint extends from the axilla to the ends of the fingers. This, or any other apparatus applied in recent fractures, should at first be applied loosely, for fractures are sure to be followed by swelling, and if your apparatus is too tight, it will cause great pain and discomfort to the patient, if it do not give rise to more serious mischief by causing extensive inflammation and sloughing of the parts. He would recommend this apparatus in fractures of the lower portion of the humerus.

2. We have here a fracture of the humerus high up, at or near its surgical neck, complicated with luxation of the head downwards, and a flesh-wound at the inner part of the

arm, just beneath the axilla. This patient was knocked down by the tongue of a wagon, and brought immediately into the house.—The case was, therefore, readily made out before swelling of the parts occurred, and the luxation was reduced by the hand. In looking at this patient, it might be supposed that luxation still existed; there is flattening in front, and a prominence in the axilla.—But this is only apparent, as the elbow can be approximated to the side, which could not be done if luxation existed. The wound in this case is to be treated simply, and the excoriation you see near the elbow, caused by the bandage, should be washed at each dressing with whiskey. Sometimes, in cases of this kind, it is impossible to return the head of the bone, and necrosis takes place, and we are obliged to remove the arm by operation. In this kind of fracture, when there is inward projection of the upper end of the fractured bone, a pad should be applied in front here, to bring the bone to its proper place; but, unfortunately, we cannot do so in this case, on account of this wound, and we can only bind the arm to the body. The angular splint would be of no use in this case.

3. This was a case of fracture at the lower third, complicated by an injury to the elbow-joint and the formation of an abscess in consequence. The fracture is doing very well, though not yet firmly united. The bandage should be pretty firmly applied below the elbow, to prevent pus from burrowing among the muscles. The arm was secured to an angular splint. In cases of this kind, where a wound exists, it is necessary to dress it once or even twice a day, and in a house like this, and with such patients as we have, it is advisable to dress all fractures once a day, in order to avoid excoriations, &c.

4. A boy, three years old, with fracture of internal condyle. Union taking place—motion perfect. Necessity of watching these cases, as deformity is likely to result unless the parts are dressed frequently and passive motion is kept up. Apply the angular splint, and support the arm by means of a sling.

WESTERN CLINICAL INFIRMARY.

SERVICE OF DR. TURNBULL.

(Reported by F. E. Bond, M.D. Res. Physician.)

Deafness from Accumulation of Cerumen, etc., in the Auditory Passages.

This is one of the most common forms of deafness, arising, as a general rule, from some chronic inflammation and alteration of the ceruminous glands, situated within the auditory canal. The following is the course pursued by Dr. Turnbull in such cases: First, the ear is submitted to simple ocular inspection. In many cases it is only necessary to draw the auricle upwards and backwards, whilst the auditory passage is exposed to the light of the sun between the hours of 12 and 2 o'clock, but in other cases it is impossible to discover the mass of wax which is shining, perhaps, in a thin layer on the very surface of the membrana tympani, it requiring the speculum auris of various forms and sizes both as regards the tortuous form, and the great depth and angle at which this foreign body is placed. Cases have come to the Infirmary in which the physician had, after a simple examination of the ear, prescribed something to drop into it, without being able to see the condition of the parts at all, whereas, if the speculum had been used, the cause would readily have been discovered, and the patient saved much distress and discomfort.

April 17th, 1858—First Case. Maria Cunningham, aged five years; deafness with an uneasy feeling in left ear, caused by catarrhal inflammation with accumulation of cerumen. Directed warm olive oil into the ear for two or three nights, and the ear carefully syringed in the morning, by the resident Physician.

21st—The ear has been syringed, and now the curette is introduced, and wax which is very adherent is broken up and removed.—As the skin of the walls is red and abraded, 3 leeches are directed behind the ear, and a wash of plumbi acetat. gr. v to f℥ j. of water, to be dropped into the ear every day until all pain is gone.

April 24th—On examination by speculum auris, we find that all the wax has been removed, and the inflammation is almost gone; hearing much improved. Discharged.

Aug. 21st, 1858.—Rebecca Dempsey, aged 40 years, has suffered from deafness with pain and tinnitus aurium for several months, she thinks it was the result of sleeping opposite an open window. On careful ocular inspection of the ears, nothing definite could be seen, but by the use of Wild's speculum auris, the right ear was found filled up with a brownish mass of soft wax, not adhering to the membrana tympani, except in the middle, as if it had become somewhat loose on its edges. By introducing a curette all round it, elevating it gradually, the whole mass came out, which, after the lapse of almost a month,

weighed 5 grains. Besides cerumen, it consisted of epidermic desquamation and hairs. As soon as it was removed, the patient found that her hearing was improved.

August 25th—Hearing still improving.—On examination, found a small dark portion not removed. Directed oil to be dropped into the ear, and the resident to syringe the ear.

August 29th—Not so well to-day. Has pain, with some swelling. On examination, slight fullness and inflammation, from the use of the syringe. Directed cantharidal collodion back of ear, and purgation.

Sep. 8th—Pain still continued, but is not so severe, swelling all gone, pain more neuralgic in character. Continued blister, and directed ferri. carb. precip. 3 grs. three times a day. Patient did not return.

Dr. Turnbull remarked that this case shows that syringing should not be persisted in too frequently, especially if the ear is tender, as you may in this way cause an abscess to form, but some warm sweet oil should be dropped into the ear at bed-time, and the syringing repeated in a few days, when all the excitement and congestion has disappeared. In some cases you have an exfoliation of epidermis, or epithelium from the membrana tympani in numerous layers, which being tinged brown, will, in some cases, give the impression to the eye of brown wax, deep in the passage, and time should be given it to be thrown off, and then it can be removed.

Case of Perforation of the Membrana Tympani.

Elizabeth McLaughlin, aged eleven years, presented herself at the Infirmary May 19, 1858, complaining of deafness. Her face presented that dull, expressionless stamp so characteristic of the deaf. Upon examination, the membrana tympani of right ear was found to be perforated by a V shaped opening, about one-third its size. There was no discharge. Her general health was good. Throat slightly inflamed, and both tonsils and right cervical glands were enlarged. External meatus normal. Her mother stated that, nine years since, the girl took a heavy cold and that the ear began to discharge. It has been since then that she began to observe the growing deafness.

The treatment consisted of an application with a fine camel's hair brush, of

℞—Argent. nit. gr. iv.
Aq. distillat. f℥j.

June 22d—Improvement was very evident. Treatment continued. Hears very slight noises.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

SEPTEMBER, 1858.

ON PLACENTA PRÆVIA.

(*Continued from page* 38.)

The following is the discussion on Dr. Atlee's paper on *Placenta Prævia*, as published in our last:

Dr. Harris had heard with great pleasure the remarks just made by Dr. Atlee. This is a thing which rarely occurs, and many physicians of large practice have never seen a case. He had been engaged twenty-five years in a very large practice, without seeing one. Then he met with one, where the placenta was detached on one side, the head came down, and all went on well. Dr. Benedict, his son-in-law, had met with three cases in as many weeks. The first was speedily relieved with perfect safety to both mother and child. In the second case, Dr. Meigs and he (Dr. H.) were called in consultation. Dr. Meigs arrived first, and then Dr. H., and the former was engaged in preparations to turn, which he did, and delivered the child promptly, but it was dead, and the mother nearly so. He obtained the husband's permission to transfuse blood from his veins to his wife's; but while the blood was pouring from one to the other, the woman died. The third case he saw with Dr. B., and the patient was nearly dead. The os was dilated, and the placenta very perceptible; he pushed it aside, brought the feet down, and delivered it by thus turning. The woman was much exhausted; stimulants were administered; she revived, and remained so for about two hours, but then died. The next case he had seen, was in West Philadelphia, in consultation with a physician. The os was dilated, and the hemorrhage profuse. It had been recommended by a German, (Wiegand,) to introduce a long tampon, say two or three yards long, pushing it in gradually till the vagina was perfectly plugged. This was resorted to in this case, and allowed to remain. The labor went on rapidly; the tampon was gradually removed as the child came down, with its head filling the

os externum; it was delivered, and both mother and child did well. These were the only two cases he had seen in his own practice.

Dr. S. Jackson, formerly of Northumberland, had attended many cases in midwifery,—about 2200,—and had never seen but one case of placenta prævia, either in his own practice or that of others. This occurred in 1828, and he had seen none since. This he watched several days; but as it was so long ago, he did not remember the particulars. Labor came on, and the placenta and head came away together. All went on as in an ordinary case. Both mother and child did well. He thought it wonderful, how such cases accumulated in practice, or in books at any rate. The elder Rigby published a book, in which he makes a division of labors into those in which we have unavoidable hemorrhage, as in placenta prævia, and those which occur when the placenta is not thus attached, or which are cases of accidental hemorrhage. In the latter cases, he believed that almost always, if not always, the labor would be finished with perfect safety to both mother and child, if left to nature's efforts. If it be placenta prævia, the delivery should be effected as soon as possible. Rigby afterwards saw many such cases, and published them in detail, which was a very singular fact. He (Dr. J.) considered this one of the impudent wonders in medicine.

Dr. Carson thought this a very interesting subject, not on account of his own extended experience, but perhaps from his anxiety on the score of encountering such a case.—Hence it had been of importance to him to determine what plan would secure the greatest probability of success. We all know from our instructors and the books, the two modes of practice which have been heretofore relied upon—the *tampon* and *turning*. The first was equivalent to leaving the delivery to nature. The second required artificial means. The profession was much distracted on this point. The teachers, both at home and abroad, each advocated their own views or plan. Professor Simpson, of Edinburgh, introduced the plan of removing the placenta. With regard to the tampon, he could say he had for it a predilection, because it seems to be the most positive method of suppressing the hemorrhage, and hence it is most useful. It is the loss of blood which destroys life, and therefore, the preservation of the blood is important. An ounce might be the turning-point in the safety of the patient. Wiegand's method in his experience, had proved a good one. He had heard Professor Hodge say that he had but little trouble since this plan had been published. This being by the old-fashioned tampon, we are enabled to examine into the state of affairs from time to time. His (Dr. Carson's) views were biased by those of Dr. H. He had several years ago, a case in consultation, in the hands of a gentleman, who advocated turning. At an early period, the tampon, according to Wiegand, was applied, and when removed, to examine with his hand the parts, he was struck with the fact of the peculiar character and form of a clot which came away. It was wedge-shaped, hard, as if much compressed, and had evidently served as a wedge in the parts, and plugged up the opening. Turning was resorted to afterwards, and the woman died from the loss of blood which she sustained. Now, if the pressure had been maintained, and labor been permitted to take its course, he believed the probabilities would have been in her favor.

The first time he ever heard of separating the placenta in placenta prævia, with a view of suppressing the hemorrhage, was from Dr. Ruschenberger, about the year 1835, who stated that he had seen a case, and finding the placenta immediately over the os, which was dilated, he passed his finger around it, and let it come away. The hemorrhage ceased, and the child was born alive.

Whether Dr. Ruschenberger derived his method from Kinderwood, or whether it originated with himself, Dr. Carson was unable to say.

Dr. Remington thought the grand point in such instances was to obtain a truce, to arrest the hemorrhage till the os dilated, and all would be safe. He believed much time was often lost in the early stages. He had seen two cases which were fatal to both mother and child, where it appeared to him that the proper treatment was not employed in the commencement. Every time a pain occurred, a gush of blood followed. Altogether, he had seen about six cases, four of which were his own, and the others in the hands of his friends. In one, the woman perished, in his estimation, from neglect of using the proper means. No examination was had after death. Sugar of lead and opium only were given. Another was fatal from a similar cause. In this he was called in consultation, in order to turn; he had his doubts of the propriety of turning,

as she was evidently dying. The parts were dilatable, however, and he turned, and death ensued immediately. In his own cases, he used the tampon, and waited for pains and the dilatation of the parts. The labor went on regularly, and the child was delivered safely, and both were left in good condition. The first six or eight hours are the most important, and the only time when a physician can be available.

Dr. JACKSON, while in Northumberland, had many cases of labor, not only from his immediate neighborhood, but many who came from some distance to place themselves under his care, and also must have known of all the fatal cases for a great many miles around, and yet he did not recollect more than one that died of hemorrhage. This case lived three miles in the country, and was dead when he arrived, having passed an immense quantity of blood.

Dr. CARSON said that Dr. Trask had published in the "Transactions of the American Medical Association" some elaborate statistics of such cases.

Dr. H. HARTSHORNE said that Dr. Radcliffe had published some statistics in the *Amer. Jour. of Medical Sciences*, where the tampon principally had been employed.

Dr. CARSON was in doubt whether the tampon would promote hemorrhage in the uterus itself. He could not understand its possibility, as the uterus was filled with an ovum, and hence there was no room for extensive internal hemorrhage while it was intact.

Dr. ATLEE remarked that he had mentioned a case in which there had been found large quantities of blood in the uterus, after the child and tampon had been removed. How was this? There was maintained firm compression on the abdomen, yet this clot was present. Ergot had also been given in this case, when the uterus contracted and expelled this clot. There did not appear to be atony of the uterus. He would not pretend to explain it. He did not think it likely to occur when the tampon was present; yet when and how was this clot formed? It must have been at the time when the placenta was being thrown off; there was no other period to be conceived of. He did not use one sponge, but a number of sponges, of small size, introduced one by one, which was equivalent to Wiegand's tampon; and it was equally possible to examine the parts, and probably more so, by the employment of this than any other material. The sponges were peculiarly adapted, by being porous, to catch the blood and form coagula. They also can be loaded with styptics, as tannic acid, etc. It may require from ten to fifteen of them, which we may remove one by one, and pass the fingers between them and the parietes of the vagina, to ascertain the exact condition of the os uteri. He made these remarks for fear he had been misunderstood. Long before 1835, Mr. Kinderwood introduced the method mentioned, of separating the placenta entire, and had seventeen cases, without any days by this plan. It appears that in certain cases, nothing can be substituted for this separation of the placenta. In overwhelming hemorrhages, when the os is not dilated, and not dilatable, in order that turning or the forceps may be had recourse to, the woman being in a dying condition, he considered the separation of the placenta the only chance for safety. The tampon may be used, and, in spite of it, we may have hemorrhage.

In other cases we may have the os dilated, and easy to be entered by the hand, but the woman is exhausted, and turning itself will cause her death. In such cases, separation of the placenta at once arrests the hemorrhage, and time is allowed for nature to deliver, after bringing up her strength. Ergot may then be given, or the forceps employed, if necessary. But though he believed it the only plan in some cases, yet in others it must not be employed. If the os is dilated, and the patient has strength, then the separation of one side of the placenta, making it a partial presentation, rupture the membranes without turning, and compress with the hand the loose placenta against the parts of the mother; then give ergot, apply external compression, and delivery will be effected safely for both. Again, if this does not succeed, the hand may be passed up, and turning be performed. In exhausting hemorrhages, turning ought not to be resorted to, or at least, we should not prefer turning.

Another matter concerning the tampon: When we have placenta prævia, and parturition threatens at an early period, say the seventh month, as we know that the nearer we come to the full term, the more likely is the child to be *viable*, our object would be, not to produce parturient pains, if we can help it. Yet this may be produced by the tampon, and thus we may bring on labor when the child is not *viable*. Statistics show that the mother, also, is safer the nearer she

comes to her full term, and this is another reason for care. Though we are not to consider the life of the child, but resort to the tampon, when the case is one of dire necessity.

Dr. CARSON had not misunderstood Dr. Atlee. The question arises in the preference of these tampons—to which can we trust most? He thought the sponge was liable to enlarge the parts, in the manner so well known to surgeons in the treatment of fistula and other diseases.

Dr. JACKSON thought the sponge would fill the vagina better than any thing else.—He had been in the practice of using it altogether, in cases where abortion threatened in the early stages of pregnancy, in preference to any other, and he was glad to hear Dr. Atlee commend it. He differed from him on the point of compressing the abdomen. He questioned if it can prevent internal hemorrhage. It was not an easy matter to compress the uterus sufficiently to prevent internal hemorrhage.

Dr. ATLEE had not a doubt of its efficacy, also, in aiding the delivery of the child. He always had recourse to it when he employed the forceps. It aids the abdominal muscles, and the uterus itself. Hence it is useful, as the uterus is exhausted by the hemorrhage, etc. In the delivery both of the placenta and child, it was his habit to have the nurse compress the abdomen with her hand, till the binder had been adjusted, and then he would not be likely to have subsequent hemorrhage.

Dr. JACKSON thought it had no effect in placenta prævia, before delivery, but he agreed with Dr. Atlee otherwise.

Adjourned.

Reviews & Book Notices.

LECTURES ON THE PRINCIPLES AND PRACTICE OF PHYSIC; delivered at King's College, London, by Thomas Watson, M. D., etc., etc. A new American, from the last revised and enlarged English edition. With additions by D. Francis Condie, M. D.; etc., etc. With 185 illustrations on wood. Pp. 1224. Philadelphia: Blanchard & Lea, 1858. Price, $4.25.

The above work has been long and favorably known to the profession, and this new edition, which has been for some time inquired for, will, we doubt not, be received with great favor. The work has undergone a thorough revision at the hands of the author, bringing it fully up to the present state of pathology and therapeutics.—Much new matter has been added, and a new feature in this edition is, the introduction of illustrations of pathological appearances of organs,—which, though they may not take the place of demonstrations from the subject, answers a very useful purpose in the absence of such demonstration. The extent of the additions to the work may be judged of by the fact that, in addition to a very considerable enlargement in the size of the page, there has been an increase of about 200 pages.

Dr. Watson has the happy faculty of presenting the "dry details" of the practice of medicine, in a manner that at once engages the attention of the reader, and fastens his mind upon the subject before him. It augurs well for the progress of medical science that it has two such expounders as Dr. Watson, and our own Dr. Wood,—the one colloquial in style, interesting, yet practical in matter, and sufficiently diffuse to avoid being tiresome; the other, learned, concise, exhaustive of his subject, and challenging the attention of the reader more by these qualities than by those which render the former so attractive to most readers. That both are fully appreciated by the profession, is evidenced by the fact that, while Dr. Watson's work is a text book in most of the medical schools of our country, Dr. Wood's is so used by the schools of Great Britain.

Our readers would greatly add to the value of their libraries by obtaining this new edition of Dr. Watson's lectures.

A System of Human Anatomy, General and Special. By Erasmus Wilson, F. R. S., author of "The Dissector's Manual," "A Treatise on Diseases of the Skin," etc., etc. A new and improved American, from an enlarged London edition. Edited by Wm. H. Gobrecht, M. D., Prof. of Anatomy in the Philadelphia College of Medicine, etc., etc. With 397 illustrations on wood. Pp. 616. Philadelphia: Blanchard & Lea, 1858. Price, $3.00.

This work of Dr. Wilson, perfected as it has been by frequent revisions under the author's own hand, has become one of the most popular works on Anatomy in the English language. The publishers inform us that this edition contains fully one fourth more matter than the previous edition. Dr. Gobrecht has made many important and useful additions.

Our readers cannot do without a work on Anatomy, and in making their purchases this is worthy of their attention, both for the value of its material, and the excellence of the work of the publishers.

Lectures on the Diseases of Women. By Chas. West, M. D., Physician-accoucheur to St. Bartholomew's Hospital; Examiner in Midwifery, etc., etc. Part II.—Diseases of the Ovaries, Vagina, Bladder, and External Organs. (With Part I.) Pp. 500.

The first part of this work was noticed some months since. We are glad to see that it is complete. The opinions of Dr. West on any subject connected with diseases of women or children, are entitled to great consideration, and we doubt not the profession will give this new and important work a hearty reception.

Of this part of the work, two lectures are devoted to Inflammation of the Uterine Appendages, and of the Pelvic Cellular Tissue, etc.; one to Inflammation of the Ovaries themselves, etc.; six to Ovarian Tumors and Dropsy; one to Diseases of the Female Bladder; one to the Diseases of the Urethra and Vagina, and one to Diseases of the External Organs of Generation.

We are glad to see that Dr. West does full justice to the labors of our townsman, Dr. W. L. Atlee, in the collection of statistics of the operation of ovariotomy, and in respect to his own operations. (It is to be regretted that the American publishers, who are familiar with Dr. Atlee and his publications, have perpetuated what we suppose to be an English error, in publishing Dr. Atlee's name as Dr. W. *T.* Atlee.)

Dr. West's work is well worthy a place in the library of the physician. We perceive that in the second part, a title page, and a full index, are published for *both* parts, with the view of having them bound into one volume.

Hints to Craniographers, upon the Importance and Feasibility of Establishing some Uniform System by which the Collection and Promulgation of Craniological Statistics, and the Exchange of Duplicate Crania may be promoted. By J. Aitken Meigs, M. D., Prof. of the Institutes of Medicine in the Philadelphia College of Medicine, &c., &c. Philadelphia, 1858. From the Author.

The title of this pamphlet sufficiently explains its object, etc., therefore, we cannot do better than to quote its concluding paragraph:

"All societies, colleges and individuals in this country, owning human cranial collections, and under whose notice this communication may fall, are respectfully requested to notify the undersigned of the existence of such collections, the whole number of skulls they contain, the races and tribes of men represented, and the number of skulls appertaining to each race; and to print descriptions, or if this cannot be done, simple catalogues of the same, and distribute them to all craniologists and scientific associations."

Dr. Meigs may be addressed at the Academy of Natural Science, N. W. corner of Broad and George Streets, Philadelphia.

☞Lindsay & Blakiston have issued their Visiting List for 1859. The work is too well known to the profession to need any thing more than a mere mention of the fact.

Editorial.

In inaugurating an essentially new enterprise, it is necessary that occasional reference be made to business affairs. This we shall avoid as much as possible, and when it must be done, shall do it as briefly as may be. We feel very much encouraged at the manner in which our enterprise is received by our professional brethren, and grateful for the interest in its success that prompts many of our correspondents to make friendly suggestions. We shall always receive these in the spirit in which they are given, and endeavor to profit by them. We have begun our enterprise under some decided disadvantages, and feel mortified that, with our well known abomination of "whitey brown paper," in Medical Journals, we find it necessary to apologize for having appeared in a dress of that uninviting hue. But we found it difficult to get a paper of the size necessary for the dimensions of the Reporter. Our choice was between a quality that we could not possibly afford to print on, and that which we have thus far used, and it was our judgment to begin with a poorer quality and change to a better, as soon as it could be manufactured, rather than begin with superfine and fall back on a poorer article. We shall use a paper of medium quality with "body" enough to show the print to advantage, yet not too high priced for our means. At the low subscription price of $3.00 per annum, it is impossible to use the best quality of paper. However, those of our readers who have the opportunity of comparing our two numbers already issued, with the foreign weeklies, will see that they do not compare unfavorably with them, while *they* are published at nearly three times our subscription price, and have an advertising patronage to the extent of from *six* to *sixteen* pages. Put us on such a footing, and see what we will do!

Some of our correspondents suggest that we ought to charge five rather than three dollars a year. We can only say in reply to that suggestion, that we doubt whether the profession are ready to pay $5.00 for a weekly journal yet, and that we have not the capital to go into so extensive an enterprise. Our readers must remember that our enterprise is an *individual one*. We have no publishing or college interest, nor a long purse to back us. *Our* capital lies in the pockets of the profession in the cities and hamlets of the Union, and when that is secured, we shall need no prompting in regard to improvements in our publication. They will be instituted *pari passu* with the support we receive.

There is nothing to hinder our giving *double* the amount of matter contained in this number, and adding indefinitely to its value, provided we receive proper encouragement. We must look to the profession to *work for us*, and we can assure them that in so doing, they will work for themselves.—We shall try and not betray our trust.

THE SESSIONS COMMENCED.

The several medical colleges of this city began their winter courses of lectures this week to large classes of intelligent-looking and earnest students of medicine. We have been very much pleased with the appearance of the gentlemen who compose the classes of the medical schools this winter, and trust that next spring will witness the conferring of the diploma on the best class of graduates that ever went out of Philadelphia.

CORRECTIONS.

We inadvertently announced the Examinations of Drs. Tutt and Wells, as being in connection with the Jefferson School. We should have said the University.

We also must correct an error in Dr. Brinton's course. His Fee is $25, not $30, as given in our first number.

Correspondence.

SPEIR'S TURNOUT P. O.,
Jefferson Co., Georgia,
October 8, 1858.

MESSRS. EDITORS:—

Some body, (perhaps yourselves,) has sent me the September number of your MEDICAL AND SURGICAL REPORTER. I wish to thank most heartily the sender. I thank you for calling the attention of your readers to my article, in the *Atlanta Med. and Surg. Journal*, on Asclep. Incarn. for Gonorrhœa and Syphilis. I beg you to correct, in your next issue, the recipe as I find it in your excellent monthly. You have it,

℞—Asclep. incarn. ℥iv.
Diluted alcohol, ℈ij.

The alcohol part of it is wrong; it ought to read 2 pints, instead of 2 scruples. True, one would suppose that almost any intelligent reader would make the correction for himself, readily seeing that an O, abbreviation for pint, must have been intended instead of the scruple mark.

Moreover, you do me too much honor in your condensation of my article. You speak of it as "a new remedy for syphilis and gonorrhœa," whereas, if you will look into "Wood & Bache's U. S. Dispensatory, 9th edition, article *Asclepias Incarnata*," you will see that Dr. Tully, of New Haven, has used it in the same class of diseases. That the asclep. incarn. is a most valuable remedy in these cases, I know from several years experience with it. I lay no claim to priority of discovery. I feel ambitious enough to desire professional honors in any quantity; but, thank God, I am not mean enough to pluck a single leaf from the chaplet that ought to cincture the brow of another. "Render to all their dues," is the teaching of that Holy Book by which I wish to be guided.—All I claim is, the honor of directing the attention of the Profession to a most valuable article of the Materia Medica, hitherto neglected, and but little known.

Will you do me the honor to insert this note in your next issue, that all of us may be set right? Very Respectfully,

WM. HAUSER, M. D.

I shall feel grateful if you send me your JOURNAL containing the above correction. I hope we shall henceforth cease to be strangers to each other.

Periscope.

CREASOTE IN PARONYCHIA.

The *Boston Medical and Surgical Journal* says: "Dr. E. Sanborn, of Andover, in a note to us, recommends with great confidence the application of a single drop of creasote to that form of paronychia consisting of ulceration about the root of the nail, accompanied with purulent secretion, and sometimes ending in destruction of the matrix. He states that the disease often occurs in the hoofs of sheep, much to the disadvantage of wool-growers."

PURGATIVE IN GOUT.

The *Virg. Med. and Surg. Journal* gives the following from the *Bulletin de Therap.*:—"M. Belli states that, for a great number of years, he has administered the following purgative to gouty subjects with great success: ℞ Magnes. Sulph. ℥viij, ad ℥x; potas. nitrat. ℈j; ferri sulph. gr. jss; aquæ f℥xxiv. This is divided into four doses, one being taken every half hour until sufficient effect is produced. The purgative is repeated every fortnight, and as soon as any gouty symptoms manifest themselves. It is given three days in succession, except in enfeebled subjects. M. Belli employs, with excellent effect, wild chicory juice, or a syrup made from the root, given every morning fasting."

QUINIA IN PNEUMONIA.

Dr. O. C. Gibbs, of Frewsburg, Chatauque Co., N. Y., in the *Cincinnati Lancet and Observer*, strongly recommends this treatment, having not lost a case out of thirty treated thus, bleeding not having been employed. He claims that the quinia lessens the frequency of the pulse, promotes perspiration, and loosens the cough. He gives it in the dose of two to three grains with five grains of Dover's powder every two or three hours.

TREATMENT OF ANIMAL POISONING.

In the Virginia *Med. & Surg. Journal*, Dr. A. S. Payne, of Paris, Fauquier Co., Va., gives his conclusions on the treatment of animal poisons, as follows:

"1st. That hartshorne is the natural remedy or antidote for the cure of all bites of poisonous reptiles or stings of insects which exert a rapid and depressing influence upon the heart's action.

"2nd. Second to the hartshorne, in remedial virtues, stands an etherealized solution of iodine.

"3rd. The biniodide of mercury has proven itself next most valuable.

"4th. Various plants indigenous to the United States."

He gives 60 to 100 grains of ammonia in an ounce of water, every 15 minutes, till re-action takes place, and applies spirits of hartshorne, olive oil, each one part, laudanum ¼ part, to the bite. If stimulants have been previously taken, gives the ammonia in vinegar, and it sobers him at once.—He considers the virus of snakes and that of dogs to be opposite,—one acid, the other alkaline,—and that the only cure for *rabies canina* is the *hydrocyanic acid.*

THE THERAPEUTICAL ACTION OF PERCHLORIDE OF IRON IN ACUTE AND CHRONIC DISEASES OF THE URETHRA.

From the researches of Dr. Barudel, (*Bul. generale de Therap.* from *Gazette Hebdomadaire, June* 11, 1858,) it appears that the perchloride of iron, besides its hæmostatic effects, for which it has so often been employed, possesses as an internal remedy, a sedative effect most manifest in the general circulation. In thirty patients subjected to this treatment, the pulse, which beat from 70 to 80 times per minute, was reduced towards the twelfth or thirteenth day of the treatment to 60, or even 50; the remedy produced neither cramps, or pain of the stomach, nor colic or constipation.

In urethritis, chronic or acute, M. Barudel has obtained remarkable results with the remedy.—In the acute form, he resorted three times a day to the following injection:

Iodide of lead, 10 grammes, suspended in
Distilled water, 100 gram.

while he administered at the same time, the following mixture internally:

℞ Distilled water, 60 grammes,
Perchloride of iron, 20 drops,
Simple syrup, 15 grammes,

Repeated every two hours, and continued for ten days. In the chronic form, the internal treatment is exactly the same; the injection with iodide of lead is replaced by

℞ Perchloride of iron, 25 drops,
Distilled water, 100 grammes.

Three injections to be made per day, and care to be taken to retain the liquid in the canal for ten minutes. If there is considerable, or long-continued pain, following this injection, it should be followed by two or three injections of cold water, and only be resorted to every other day. No untoward accident ever followed this treatment. Towards the fifteenth day a cure was generally effected. With this treatment, Dr. B. conjoins a strengthening diet and cooling drinks, such as milk and flaxseed tea with nitre.

In the number of July 2nd of the same Journal, Dr. Pize, of Montelimart, claims to have first called the attention of the profession to this action of the perchloride of iron upon the pulse, in the *Moniteur des Hopitaux*, February, 1857.—He fully corroborates the statements of Dr. Barudel and recommends the remedy strongly in purpura hemorrhagica. (Ch. F.J.L.)

LACTIN IN PULV. IPECAC ET OPII.

It is recommended in the *Penin. and Ind. Med. Jour.*, to replace the Sulphate of Potassa by Lactin, or sugar of milk; it should be in crystals; trituration should be long continued, and then the whole passed through a fine sieve.

The bland preparation of lactini renders the preparation more acceptable to children.

EMULSION OF COD LIVER OIL.

The same journal gives the following as a mode of disguising the odor and taste of cod-liver oil.

℞	Carb. potash	℥j.
	Water	f℥ijss.
	Cod liver oil	f℥iv.
	Saturated solution com. salt	f℥ss.
	Essence of cloves	f℥j.

Rub the carb. of potassa with a little water, add the oil, and rub well together; then add, gradually, the rest of the water, solution of salt, and finally the essence.

NEW HÆMOSTATIC.

The *Boston Med. and Surg. Jour.*, says:

"After prolonged experience, M. Lami, strongly recommends the following hæmostatic:

℞	Decoct. rhataniæ	300 parts.
	Alum	60 parts.

If given internally, 70 parts of syrup are to be added. Internally, 10 drachms may be taken three times daily; while for external use, it may be employed as an injection or lotion."

OBSTINATE INTERMITTENTS.

In the *Atlanta Med. & Surg. Jour.*, Dr. J. R. Cushing, of South Butler, Ala., gives as an infallible remedy, the following in obstinate intermittents:

℞	Quiniæ sulph.	℥ij.
	Liq. potas. arsenit.	f℥ss.
	Pulv. ferri.	℥ss.
	Aq. camph.	f℥viij.

Dose, a tea-spoonful 3 times a day in a half a tumbler of warm water.

HOW THEY DEAL WITH PLAGIARISM IN FRANCE.

We translate the following from the transactions of the *Societe Anatomique* as it is published in the *Gazette Hebdomadaire*, July 23rd, 1858:

"*Extract from the Minutes of the Meeting of July 9th*, 1858.—Mons. Jose Prô had, on the 14th of November, 1856, presented to the Societe Anatomique his inaugural dissertation on the stricture of the urethra, and requesting, in his capacity as Professor of Operative Medicine in the Faculty of Lima, the privileges of article 38 of the regulations, he had the honor to be named in public meeting an honorary member of the Society.

"The Society afterwards learned that M. Prô had been accused of having copied literally the most elaborate part of his essay from the work of Thompson, which he gives, however, as the result of his own original researches.

"A commission, consisting of Messrs. Tarnier, Siredey and Verneuil, were appointed to examine the documents, to wit, in the first place, the dissertation of M. Prô; and secondly, *the Treatise on Strictures of the Urethra by Dr. Henry Thompson* (a work which had obtained the Jacksonian prize in 1852). The Commission could easily convince themselves of the truth of the accusation, and M. Verneuil, the Reporter, had shown to the Committee, brought together for the purpose, whole pages of the English author copied, word for word, by M. Prô.

"The plagiarism exists, then, in the most flagrant manner, and, in order to brand an act, so dishonest, as it deserves, the commission, together with the whole committee, propose, through their chairman, one resolution, to wit: That M. Prô be declared to have forfeited his title as Honorary member of the Societe Anatomique, and be declared unworthy of carrying it hereafter.

"A member observed, (tout comme chez nous! L.) that before decisive action taking, it might, perhaps, be proper to write to M. Prô, to give him warning to explain; but it was objected to this, that no explanation whatever could be admitted in the presence of the printed documents placed before the eyes of the society, and from which the plagiarism was flagrantly apparent. The motion was not entertained, and the society proceeded at once to vote by secret ballot, on the resolution offered in the name of the commission and the committee.

The result of the vote was, that M. Prô *was unanimously* expelled from the society.

On motion, the following resolution was then adopted:

"That the preceding minutes be published in the *Gazette Hebdomadaire*, the official organ of the society, with the *request to all Medical Journals, French and Foreign*, to be kind enough to republish it; and that it also, through the Secretary, be officially brought to the cognizance of the Medical Faculty at Lima." T. GALLARD, *Sec'y.*

Having thus given the desired publicity, we cannot but recommend the action of the Societe Anatomique to the serious consideration of the profession here, where we submit to things far worse and detrimental to the interests of the profession than literary plagiarism, — where we even submit to *open violations of our code* and quackery, without making an attempt to purge ourselves. Would the profession of our land take the "*high ground*" manifest in this act of our French confreres, our profession would soon have seen its last days of desecration and degeneration. *Vive la Societe Anatomique!* (Ch. F. J. L.)

Medical News.

MARRIAGES.

BARTON—PASCHALL—September 27th, at St. James' Church, Philadelphia, by the Rev. Dr. Morton, Thomas H. Paschall to Adeline Barton, daughter of the late Dr. W. P. C. Barton, U. S. N., deceased.

GILMAN—LUDLAM—In New York, on Tuesday, October 5th, by the Rev. Prof. Henry, James Ludlam, Esq., to Susan H., daughter of C. R. Gilman, M.D., of New York.

TURNER—MATHER—On the 6th of October, at Hartford, by the Rev. E. Beadle, Dr. Charles P. Turner, of Philadelphia, to Julia Francis P., daughter of Roland Mather, Esq., of Hartford.

FROTHINGHAM — PHINNEY — At Scranton, on Wednesday, September 29th, by the Rev. John Long, Dr. William Frothingham to Miss Margaret H. Phinney.

DEATHS.

EATON—In this city, on Wednesday morning, 13th inst., Dr. Rollin Eaton, formerly of Vermont, and brother of the late Governor Eaton, of that State.

EVANS—At Covington, Kentucky, September 12th, Asbury Evans, M.D., formerly Professor of Surgery in the Medical College of Ohio.

TOWNSEND.—On the morning of the 3d inst., at his residence in Locust street, Dr. Elisha Townsend, an eminent and widely known dentist of this city.

NEW YORK STATE INEBRIATE ASYLUM.

The foundation of this institution was laid at Binghampton, N. Y. on Friday, Sept. 24th. The Asylum owes its existence mainly to the humane exertions of Dr. J. Edward Turner, who, since 1853, has devoted his time and means, without fee or reward, to the work of arousing and fixing the public attention upon this theme.

The Asylum is situated on an elevated site, near the confluence of the Susquehanna and Chenango rivers, in the town of Binghampton, and the building is to be 365 feet long. About $50,000 have been subscribed towards it, and the town of Binghampton has devoted 250 acres of land for the site. It is expected that the New York Legislature, at its next session, will appropriate $50,000 to the Asylum, or allow it half the income of the License tax. The venerable DR. FRANCIS, of New York, was present, and made an address at the laying of the corner-stone.

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO 105. PHILADELPHIA, OCTOBER 22, 1858. NEW SERIES, VOL. I. NO. 4.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

SATURDAY, OCT. 9TH.

Service of Dr. Gerhard.

APOPLEXY.

A case of paralysis, the effect of apoplexy, was presented in a man aged about 60, who had been in the house for some time under treatment for rheumatism. He was doing well, when he was found yesterday morning, attempting to get out of bed, and dress himself. We see a marked puffing respiration; the face flushed, notwithstanding he has lost 20 ounces of blood; his eyes are injected, the right one particularly. He is not conscious enough to move when he is addressed; there is a partial rigidity of the arms; he has also bad jerking movements. His power of using his limbs is not entirely gone, but he has lost sensation to a certain degree. The right side is partially paralyzed. The left leg is unaffected, but the left arm is slightly paralyzed. This is the general rule, whenever it depends upon disease of the brain. Hence, such a patient regains the power of using his lower extremities before he does the upper. What is the cause of this paralysis? There is evidently effusion in the brain; but where? This is not conclusive. It is impossible to diagnosticate this point. We can say that the left side of the brain is affected, and also its lower portion. It may result from an effusion into the ventricles, because we have partial paralysis on both sides, and hence there must be pressure on both sides of the brain. It is a case of apoplexy, common to persons of this age, (60,) the result of a physical cause, viz.; an organic change in the coats of the arteries; they become ossified, and rupture easily. One has here been ruptured, and blood has been effused. This is a rare occurrence, when a person is quiet, as this man was: hence it is an unfavourable symptom. The prognosis is particularly unfavourable; the puffing respiration is a bad indication; both sides are affected; age is against him; still, he may recover.

Treatment. Bleed. This has been already done by cups, on account of the local congestion, and as he is still flushed, and his pulse is full and laboring, he will bear a repetition of it. This must be done with care, taking about 6 or 8 ounces. Then employ purgatives, and here, injections must be used, as he cannot take any thing by the mouth. The enema may consist of an infusion of senna, ʒj to the pint of boiling water; with sulphate of magnesia ʒj. Turpentine in mucilage may be administered. Cool applications also to the head, to diminish the afflux of blood; and stimulate the lower extremities by heat, sinapisms, etc. Weak sinapisms are best, say mustard, one part to five of Indian meal, as we do not want a rapid, but a steady, continued action. These should be left on about one or two hours. A blister, too, was placed on the back of the neck, and this is quite appropriate, as he was dull and heavy, and the pulse was feeble after the bleeding; but now, as his pulse is awakened, &c., cups may be applied again. We have here two things to treat;—the local congestion, and the hemorrhage itself; the former we can relieve, but the latter cannot be removed, and all we can do, is to prevent the afflux of blood to the brain, and allow nature time to overcome the difficulty by taking up and removing the effused blood by means of the absorbents.

REMITTENT FEVER.

He next presented a young man from a malarious portion of the city, who had been sick some 12 days, with pains in his bones, &c. He had not had any chill, or sickness of stomach. We find a moderate retraction of the abdomen, and no disease of the liver or stomach; no eruption; the skin moist; the tongue coated. He has an eruption on his head which resembles

erysipelas. This is a case of remittent fever. We shall give diluent, acidulated drinks; diminish the fever, and then employ quinine. Also apply a cold mucilage of gum water and flax-seed tea to the eruption.

BRONCHITIS.

(See Report of October 2d, page 47.)

The next case was that of a woman with bronchitis, previously presented. He directed a mixture of equal parts of syrup of squills, paregoric, and lobelia, to be made, of which she should take a teaspoonful 3 or 4 times a day; and have a weak sinapism on her chest, to produce mild counter-irritation, and if that did not relieve, to employ blisters.

INTERMITTENT FEVER.

Another case, most probably intermittent, was presented, in a man, working nearly all the time on the river. He had a severe headache, high fever, slight enlargement of the spleen, etc. There were here evident symptoms of brain complication. He had been blistered on the back of the neck, not cupped, as his pulse was feeble. He is to have a mercurial purge, as blue mass, to be followed, if it does not act freely, by rhubarb, gr. xx.; cold applications to the head, and hot to the lower extremities; when a remission takes place, give quinine.

PENNSYLVANIA HOSPITAL.

Service of Dr. Norris.

FRACTURES OF THE PATELLA.

The first case was a man, who had fractured his patella, by a fall directly upon it. Fractures of this bone are generally caused by excessive muscular action; and are usually transverse. In this fracture, the diagnosis is plain. At first, on account of the swelling, muscular spasm, &c., we are content to place the limb in an elevated position, and after a few days, bring the fragments as nearly in contact as possible. The skin ulcerates readily, and in this case, already it presents symptoms of incipient ulceration. Therefore, we must bathe the limb frequently with whisky, or any gentle stimulant, and cover the prominent points with the soap plaster. We apply first a roller to the limb, commencing at the foot, in order to prevent any great degree of swelling. This must be applied loosely over any tender points, and proceed up to the inferior fragments, and then pass the bandage over, and press down the superior one moderately, and secure the two by several turns of the roller, and then continue up. We next apply a straight splint extending from the tuberosity of the ischium to a little beyond the os calcis, and secure it by turns of the roller, returning down the limb. In recent cases, when muscular action is to be overcome, the inclined plane is best, and to the same end, we should elevate the shoulders by means of pillows. After this dressing has been applied, it should be examined daily.

As this patient is liable to attacks of "the horrors," from his former use of spirituous liquors, it will be necessary to give him a stimulant, and opium, every few hours.

2d Case.—This was more severe than the last, and the man has quite an ulceration from the pressure of the roller. The bones appear to be very closely united, but when the patient begins to walk, the ligamentous union will lengthen. We rarely have osseous union, and Dr. Norris said he had never seen a case in the twenty-five years of service he had seen in this hospital. Poultices must be applied at the ulcerated points, and when the sloughs separate, use astringent applications to heal the surfaces rapidly. We are compelled to throw aside the splint sooner than we would, on this account, and shall therefore keep it in a long fracture box.

The *3d Case* presented was the most violent, being a comminuted fracture. Here the union that had taken place, was extremely close; it is only in these cases that we have bony union. This patient had a portion of his scalp torn off at the same time, and he has had necrosis of the skull. He will be permitted to move about with crutches, which will be taken away gradually, and in two or three weeks, he may walk tolerably well without them.

We have for these fractures, many machines, which are perfectly useless; the simpler the treatment, the better.

ULCER ON THE FACE.

He next presented the case of a young man who, in childhood, had been badly burned on the face. He had now entered the hospital for an ulceration, which had occurred in the upper lip, from some unknown cause. This was cleansed and touched with the nitrate of silver, to change the action, after which, a poultice was to be applied at night, and the water dressing during the day. A superficial slough will be thrown off, and then we may use the ordinary applications. The ulceration is taking place in the cicatrix, and if not checked, it would extend to the whole of the burned sur

face. Cicatrices have low vitality, and are very apt to inflame and run a rapid course.

FRACTURE OF THE CERVICAL VERTEBRÆ.

The next case presented was that of a man who was assisting to lower a heavy load from an upper story, and while standing on the pavement, the rope broke, and he was crushed to the ground by the weight falling on the side of his head and back, producing an extensive injury of the scalp. This was shaved, replaced, and maintained in position by strips of adhesive plaster. It is best here to avoid sutures, as they are liable to produce erysipelatous inflammation. This injury is, however, comparatively slight, when we know his other injuries. His legs are motionless; he is paralyzed. He breathes quicker than in health, and already tympanitis is present. This is the result of a fracture of one of the lower cervical vertebræ.

The first duty of the surgeon in such cases, is to attend to the bladder, or it may be distended to bursting, as the patient is entirely unable to feel any thing below the fracture. The catheter should be inserted about three times a day. The respiration here, is carried on by the diaphragm alone. We must endeavour to prevent ulceration of the prominent points, by keeping off pressure, by means of compresses, &c. He can only last for about eight or ten days. Death must ensue, and this may take place suddenly, if he should move his head to one side quickly. When there is a fracture of the dorsal vertebræ, the patient may last about twenty or twenty-five days; when of the lumbar, six weeks, and even nearly a year. Death results from pressure on the spine, and inflammation. In old times, it was usual to attempt the reduction of the fracture, but it never has been productive of the slightest benefit. All we can do, is to make the patient as comfortable as possible.

PENNSYLVANIA HOSPITAL.

WEDNESDAY, OCT. 13.

Service of Dr. Gerhard.

APOPLEXY.

(See Report of October 9th.)

The first case presented to-day, was one of paralysis, resulting from apoplexy. This patient was brought before the class last Saturday, and was then in a very precarious condition. He lay in the condition in which you saw him on Saturday, for about forty-eight hours, when he aroused. The cerebral symptoms have now almost passed away. You observe that the voice is thick and husky; that the mouth is slightly drawn to the left side; he protrudes his tongue well, and it is slightly coated; he moves his hands with difficulty, and cannot grasp firmly. The mouth is drawn to the side *not* affected. This is the rule in these cases. The natural movements of the legs are nearly restored. There is often a prickly sensation in the skin after cerebral hemorrhage, but there is none in this case. You observe that the countenance has lost the deep flush it had when he was last before you. The effusion in this case must have been quite small in amount. This was accompanied by violent congestion of the brain. The treatment adopted has removed the congestion, but it will take time for nature to remove the effused blood, hence these paralytic symptoms will pass gradually away. The effusion in this case has been so slight, that the probability is that the patient will get almost or entirely well. In the course of thirty-six hours we took from him twenty-four ounces of blood, not by a general bleeding from the arm, but by cups from the back of the neck. We also used purgatives, and as he was unable to swallow, they were given, you will remember, in the form of an injection of senna and salts. This combination is well adapted to the case, as it produces full and free fæcal and watery evacuations; he also had an enema of oil of turpentine, and since he roused up, has taken senna and salts by the mouth, as a laxative. He has had very little food, and that has been light. This is the rule in these cases. He has also had a blister to the back of the neck, its mode of action being very similar to that of the other evacuants employed.

Although this has been a very instructive case as to the general principles in the treatment of apoplexy, it must not be supposed that the same course is to be adopted in all cases. He wishes to impress it upon the mind of those who attend his lectures, that it will not do to follow invariably any set of rules in the treatment of disease. If you attempt it, you will be sure to exterminate a certain number of individuals! If this man had been in a very feeble state, we should have cupped him even, very little, if any.

CHOREA.

A case of chorea was presented in the per-

son of a young woman aged about twenty. You perceive at a glance, gentlemen, as the patient walks in, what the difficulty is. Her gait is unsteady, and there is difficulty in keeping her hands and limbs quiet. You observe that she has to hold her hands firmly grasped to prevent constant motion. When she separates her hands, they are in constant motion; her fingers also, unless by a strong muscular effort she stretches them widely apart, or clinches her hands firmly. You perceive when she speaks, that the intonation of her voice is husky. This is occasioned by the same spasmodic movements of the muscles of the tongue and throat, employed in modulating the voice, that are so evident in the limbs, and in the muscles of the face. You perceive that her complexion is pale, there is no flush, no evidence of congestion; indeed her condition is the very opposite of this—she is anæmic. An attack similar to this came on some months ago.

It seems that her step-father had frightened her very much, by threatening to beat her. But this only excited the attack. She must have been in a condition favorable to an attack of chorea, or it would not have come on, just as it is in other diseases, yellow fever, for instance, which is not a contagious disease, though in certain conditions of the atmosphere or of individuals, it is propagated, and becomes endemic, or even epidemic.

Two or three years ago, yellow fever was brought to this city by a vessel in a filthy condition, and a few cases occurred, and we had some in this hospital, but as the conditions favorable to its spread did not obtain, it soon passed away.

After this woman's first attack of chorea, she got somewhat better, and remained so for several months, when some six weeks since, her step-father again threatened to beat her, when this attack came on, and has continued till now. She sleeps tolerably well at night, her appetite is good, her bowels are regular, and she complains of no pain. [The patient was dismissed, as, on account of the disturbance of the nervous system, the excitement of keeping her before the class might prove injurious to her.] There is no lesion; it is a purely functional disorder. It might arise from external injury, but there is no evidence that she has had any, and her anæmic condition is sufficient to account for the disease. When a patient dies of chorea, it is in consequence of being worn out for want of rest. He saw but one fatal case, and that was in the Children's Hospital at Paris.

This disease is sometimes of long continuance, and sometimes lasts but a few weeks. It is very apt to return. This case has continued a long time, on account of a renewal of the cause which originally excited it.

Treatment.—In this case you can see by her pale anæmic countenance, that this patient needs tonics. Iron is particularly indicated, and it may be given in combination with quinine, or cinchonine, or you may use any preparation of bark, or any other tonic that you may prefer. So with the preparations of iron, you can use any of those. Some persons are constantly changing medicines, using first one preparation and then another. Such persons are apt to become unstable practitioners. It is better not to have too many remedies, but to rely chiefly on a few of known and tried properties. He has given in this case, the following:—

℞. Pulv. ferri, gr. j.
Quin. sulph., gr. ij.
M. ft. pil.

Give one three times a day.

He would also use baths of a medium temperature, and they may be made slightly stimulating. Sulphuret of potassa might be added, but it is an unpleasant thing to use. Or mustard, or common salt may be added. Her bowels should be kept regular, and she should have a good nutritious diet. With this treatment there is no doubt but our patient will soon recover.

ANÆMIA.

A woman about twenty-five years of age was presented, of a pale anæmic appearance. It is of importance to observe the physiognomy of disease, and to do this to advantage sometimes requires some management. Some patients will be excited on the entrance of the doctor, particularly if he is a stranger, and the patient is suffering from nervous disorder. It is well to converse on ordinary topics for a few minutes, or until the excitement has passed off, and then begin your investigation into the condition of the patient. This patient you perceive is pale and anæmic. She has been pale and weak for many years, but it has increased much of late. She has had no chills. Has had palpitation of the heart for several months. She is troubled some with it during the day, but mostly at night. This is often the case in nervous disorders of the heart. It is apt to be worse at night when the patient is quiet. But

when the disease is organic, from hypertrophy for example, the symptoms are apt to be worse during the day, when the patient is moving about. You must guard against confounding causes and effects. You might suppose that because you have palpitation here, there is disease of the heart, that is, organic disease; but this by no means follows. A patient like this, who is pale and anæmic, will have functional derangement of the heart, while that organ itself may be in a perfectly healthy condition. In this case, however, we have a *little* dilatation. This you may always look for in connexion with nervous disturbance of long continuance. Notice *first*, the character of the sound, and *second*, the mode of impulsion. There is a bellows sound with the systolic movement of the heart. The intonation is sharp, not so long and rough as it is when the heart is organically diseased. The impulsion of the heart against the wall of the chest is more quick and jerking than if it were organically diseased.

Treatment. This patient requires a tonic course of treatment. Porter, quinine and iron, the bitter tonics, a good meat diet, etc., to produce red blood. She should also sponge the surface of the body every day with cool water with salt dissolved in it. The condition of the bowels and of the menstrual functions should also be attended to. Nervous disorders have a tendency to cause constipation, while, on the other hand, diarrhœa, by inducing a weak anæmic condition, causes nervous affections. We will give this patient quinine and iron. She has been taking the tincture of the chloride of iron, but she generally prefers a simpler preparation, as the other sometimes causes irritation. The powdered iron of the pharmacopœia, reduced by hydrogen, is a very reliable and simple preparation.

PATHOLOGICAL SPECIMEN.

Some pathological specimens were exhibited, taken from a man who had died of typhoid fever. He was recovering from the typhoid fever, and had every appearance of soon being well and leaving the house, when an attack of pneumonia supervened, and he succumbed. Such an attack is always to be dreaded in the course of diseases which have worn out the patient. You have no margin left for treatment. In this case we could not bleed or give such remedies as we desired, on account of the already exhausted condition of our patient. We could only apply blisters to the chest. The patient died from exhaustion. We shall report this as death from typhoid fever. Some physicians who are ambitious of the reputation of "never losing a case" of a serious form of disease, like typhoid, or scarlet fever, might report it as death from some "accidental cause" as in this case, pneumonia. But, gentlemen, this is not honest, and I trust that none of you will ever be guilty of thus attempting to deceive the public into the belief that in certain diseases you are very superior practitioners. If this man had not had typhoid fever, he would not have died of the pneumonia. It is therefore fair to report it as a case of death from typhoid fever.

You will observe here that the glands of Peyer, which are mostly found in the lower portion of the ileum, are in a state of ulceration. This condition is pathognomonic of typhoid fever. These glands are pale now from the length of time that has elapsed since the specimen was taken from the subject, but they are distinct. A few of Brunner's glands are also in an ulcerated state. The mesenteric glands are nearly normal, but some of them have been swollen in consequence of the irritation arising from the ulceration of Peyer's glands. There is no ulceration in the large intestines. The spleen is in a healthy state. There is pleurisy of the right lung. This is connected with the typhoid fever, but is a distinct affection. The two rarely occur together. You perceive that lymph has been thrown out here, constituting what is termed false membrane. Besides this lymph there were eight ounces of serum in the pleural cavity. On cutting into the right lung you will observe that there is a great degree of congestion, and in the lower portion, positive inflammation, with disorganization, there being some pus present. This portion of the lung is almost solid, and as you see of a dull red hue. The upper lobe is nearly healthy. The left lung is nearly healthy. The lower portion is congested, but not inflamed. There is no pleurisy on this side. This pleurisy is an accidental complication, but you will always find more or less bronchitis and pneumonia in typhoid fever. There is not, however, sufficient disease of the lungs to have proved fatal to this man if he had been in other respects healthy. But he was very much reduced, by the typhoid fever, which, as I said before, embarrassed us in our treatment. We had to stimulate him freely. He had every two hours, a wine-glass full of milk punch, also meat essence and carbonate of ammonia.

The liver is nearly healthy—slightly pallid. It is not fatty, as we are apt to find it in phthisical patients, and in those given to the inordinate use of stimulating drinks. The stomach is healthy.

Service of Dr. Norris.

DR. NORRIS informed the class that the patient with *Fracture of the Spine* who was brought before them last Saturday, died suddenly the next day. We understood him to say that a post mortem examination was not allowed.

INJURIES TO THE HEAD.

1*st Case.* A man was presented who was brought into the house last night. He had been drinking, and in a fracas was struck on the side of his head. There was no evidence of fracture when he was brought in, but since then, he has been bleeding from the ear, the only way of accounting for which is, that there is a fissure of the temporal bone. The pulse is slow, about 50—even now, with the excitement of coming before the class, it is only 60. He was understood to say that the pupil is not affected. There is no paralysis. He infers from the condition of the pulse that there is congestion. Though there is very slight apparent evidence of severe injury, the case is still in doubt. He will be kept quiet, with cold to the head, and low diet.

2*d Case.* A man aged about 50 was brought before the class, who came in yesterday. He says that in attempting to get into his house, he fell and struck his head. Although it is less than 36 hours since this injury was received, suppuration has already taken place. The bone was laid bare by the fall, but we have been unable to discover any fissure. In these cases the scalp should always be shaved, that the hair may not interfere in dressing the wounds. This is an incised and lacerated wound, and it is impossible but there will be a great deal of suppuration here. The treatment should be very simple. The wound should be kept clean, the edges brought together by adhesive strips, and sutures avoided. Up to this time there has been no dressing used but dry lint. We will now have it dressed with cold water. To-morrow, if we find that suppuration has increased much, we will have a poultice applied. Although this injury appears to be trifling, yet all injuries to the head should be regarded as serious until all danger of inflammation of the brain is past. We will therefore keep this patient quiet in bed, and on low diet.

FRACTURE OF THE RIBS.

The next case presented was one of fracture of the ribs in a man aged about 35. There was unusual suffering in this case, from some as yet unexplained cause. He was admitted yesterday, and had very great difficulty of breathing, but, with rest and quiet, that has pretty much passed away. There is generally difficulty in discovering fracture of some of the ribs, on account of the large, thick muscles that cover a portion of the chest. In this case we have discovered fracture in but two ribs. The fracture is generally in the anterior portion of the rib, and is discovered by inequality and crepitus. It was formerly the practice to treat fractures of the ribs by bandaging the chest tightly. We now treat them by the application of a common strengthening plaster, firmly bound down by strips of adhesive plaster going half or two-thirds around the body. In this way we can make a good degree of pressure, and there is less danger of displacement of the dressing than when the roller is used. This dressing will be renewed in two or three days. This man has no cough. Sometimes the fractured ends of the ribs, by lacerating the pleura or the substance of the lung, gives rise to inflammation of the pleura or lungs, which must be treated in the common way. Sometimes, when there is wound of the lung, there is extensive emphysema into the cellular tissue.

AMPUTATION OF THE LEG.

A man about 40 years of age was presented who was brought to the house on Saturday evening. He had, while under the influence of liquor, been run over by the cars, some miles from the city, and his ankle and lower portion of the leg were crushed. Considerable blood was lost before he came under our care. Amputation was performed below the knee immediately, and the dressings allowed to remain till yesterday. The stump is now doing very well. As soon as a stump begins to suppurate the dressings should be changed daily, but with great care, so as to avoid disturbing the wound. In dressing the wound, remove the old strips of adhesive plaster, carefully, gently, and one at a time, applying the new strips successively, as the old are removed, and be careful that the surface is clean. The adhesive strips are applied in this way so that the stump may be well supported. If all the old strips were removed at once, gravity would break up the recent granulations, and interfere with the healing process. After applying the adhesive strips,

we apply a dressing of lint and charpie secured by a roller. The limb should be carefully placed on a pillow. There is a disposition always in the patient to retract the limb, which would give a bad stump, by changing the relative portions of the divided muscles. This man had diarrhœa when he came into the house, but he has improved very much under treatment. He has been rather a free liver, and such patients bear low diet badly. We will now, therefore, increase his diet somewhat.

The amputated limb was exhibited. In these cases of rail-road injury, there is always great nervous prostration, and you must not think of amputating till reaction takes place. After that, the sooner amputation is performed the better. While the patient is in a prostrated state stimulants must be freely used. Sometimes reaction never takes place.

HYDROCELE.

A patient was brought in to have the palliative cure for hydrocele performed. This man says he has not time to have the radical cure performed, but he should take time, as it is important to have it done. Hydrocele is an infiltration of serum into the tissues of the scrotum or into the sac lining it internally. It is of importance to distinguish between the varieties, and also not to confound it with hernia. It occurs at all ages, even in infants a few weeks or months old. It may then be cured by the external application of stimulants. It also occurs in old men, but generally in the middle-aged and robust. This case was mistaken for hernia. Hydrocele begins at the lower portion of the scrotum, gradually fills up to the inguinal ring, and is pear-shaped, while hernia begins at the inguinal ring, and gradually works downward. Hydrocele is a fluctuating tumour, and by holding a light behind it in a dark room, it will be seen to be translucent. It may be distinguished from a diseased testicle by its smoothness and freedom from pain, while the latter is rough and painful. A diseased testicle is more weighty than hydrocele; in that you can trace the cord, while you cannot do it in hydrocele. A case of hernia was exhibited in contrast with the case of hydrocele. Dr. Norris has known cases where the testicle has been punctured from error of diagnosis, or from carelessness in operating. Usually in hydrocele the testicle is in the lower and back part of the tumor, but not always. Its position can generally be discovered by pressure, but not always. Pressure of the testicle will give pain. The tumor was punctured and the serum discharged. It is usually clear and limpid, but somewhat discolored here. The tumor entirely disappears. There is no disease of the testicle.

JEFFERSON COLLEGE HOSPITAL.

SATURDAY, OCTOBER 9TH.

Service of Dr. Gross.

Dr. Gross presented several cases, which had been shown previously, and were now improving.

TERTIARY SYPHILIS.

A woman aged 36, was brought before the class, with an ulcer on her arm, occupying the outer margin of the radius, just above the wrist; its edges were everted, and projecting above the level of the skin. It was covered with large granulations of a foul appearance, and with a plastic matter, unorganizable in its nature, presenting a diphtheritic appearance. She has others on her arm, and an enlargement apparently of the radius; much of this, however, was due to swelling of the soft parts. She had had sore throat for a long time. Some four years after her eyes were inflamed, and her hair came out. At present, she has ulceration of the nose, with an aching pain in it, which is more severe at night, and disturbs her sleep. Taking all these symptoms and facts together, we have no hesitation in pronouncing it a case of tertiary syphilis. We must keep the parts at rest, and elevated, as in ordinary ulcers. Locally, we will apply the acid nitrate of mercury, which is the best thing we can employ to remove the morbid action. After this, an emollient poultice of ground elm or flax-seed, &c., which will retain heat and moisture, will be applied. Internally, we shall give iodide of potassium gr. 8—10, in combination with bi-chloride of mercury, gr. $\frac{1}{12}$, three times a day. We shall soon see a rapid diminution of pain, and swelling, and corresponding improvement of the ulcers. The diet should be simple and nutritious.

2d Case. A woman with a large scab nearly occluding the right nostril. Her throat is sore, and she has an excavated ulcer on the tonsils. This came on seven months ago. Touch the nostril with the nitrate of silver, it having been already touched with the acid nitrate of mercury, several times before, and we now want a milder article. Give her tartar emetic gr. $\frac{1}{4}$, sulphate of magnesia ʒi. twice in the twenty-four hours. This too is the result of tertiary syphilis.

HARE LIP OPERATION.

An infant six weeks old. The surgeons in the last few years, have been favouring the operation in the first week after the birth.

Dr. Gross preferred the fourth or fifth month, as there was more development, the plastic powers were greater, and we were more likely to have perfect union. He operated, by detaching the lip from the bone, paring the edges, cutting out freely; in fact, he thought there was danger of not cutting enough; and then inserting needles and passing a ligature around them in an elliptical manner, as the figure of eight twist was objectionable, as we cannot bring the parts so carefully and neatly together. When the child was shown to the class, the edges seemed to be very carefully and accurately adjusted.

UNIVERSITY COLLEGE HOSPITAL.

WEDNESDAY, OCT. 13, 1858.

Service of Dr. Smith.

STONE IN THE BLADDER.

Case 1.—Was a boy aged five years, who had suffered from the usual *rational symptoms of stone in the bladder*, for nearly three years, and who was brought to the university to-day, for the purpose of being sounded. When he arrived, however, febrile symptoms,—the consequence of a temporary intestinal disturbance,—rendered the operation injudicious. Dr. Smith, therefore, brought him before the class for the purpose of calling their attention to the fact, that young children laboring under stone in the bladder, frequently presented a robust, and to superficial observation, healthy appearance.

The urine of this patient presented, when examined microscopically by Dr. J. J. Woodward, abundant pus corpuscles, indicating, in connexion with the other symptoms, a considerable degree of vesical irritation, but there was no sediment. The absence of a sediment in the urine at this time, by no means shows that a stone does not exist, as the deposit may have suffered a temporary interruption, as frequently occurs.

A CASE OF TUBERCULOSIS.

Case 2.—Was a boy aged four years, who suffered under a well marked antero-posterior curvature of the spine, occupying the lower part of the dorsal region. On the right side there was a fistulous orifice, marking the seat of a lumbar abscess, which had been evacuated by a former medical attendant. On the left side was a tumor the size of an orange, in which fluctuation was distinctly perceptible, and which was also diagnosed as *lumbar abscess*. The child had also an affection of the left hip-joint, the thigh on that side being flexed upon the pelvis, and any attempt to straighten it, giving pain. There was great tenderness on pressure over the joint, and constant pains in the knee. The child was unable to walk or stand. Appetite good, bowels regular, but very slight paroxysms of hectic fever occurred in the afternoons.

The fair skin, light yellow hair, blue eyes, and general appearance of this case, rendered it probable that the lesion both in the back and in the hip, was of tubercular origin. The opinion was expressed, that in such cases it was worse than useless to attempt to straighten the curvature of the spine, whilst the condition of the child rendered the application of an apparatus such as is often employed in this hospital in cases of tubercular curvature, improper.

With regard to the lumbar abscess, it is not advisable to evacuate it so long as it possibly can be avoided, a rule that is very sound in the treatment of all cold abscesses. When the progress of the pus towards the skin, renders evacuation necessary, care must be taken to prevent the ingress of atmospheric air, and to support the patient under the drain upon the system.

ANEURISM OF THE SUBCLAVIAN ARTERY.

Case 3.—A man aged forty-eight, presented a well marked *aneurism of the subclavian artery*, which was first noticed as a slight swelling over the clavicle, about twelve weeks ago. Since then the tumor has rapidly increased, and is now about the size of a man's fist. After remarking upon the nature and symptoms of aneurism, and detailing the prominent features of this case, Dr. Smith stated that after careful deliberation, and consultation with several of his colleagues as well as with numerous other friends, he had formed the opinion that an operation would not be justifiable in this case, as it would violate the sound surgical precept, that an operation should never be performed, which would not, in all probability, leave the patient in a better condition than before its performance.

He considered that from the size and situation of the tumor, it was most probable that

it trenched too closely upon the arteria innominata, to permit the formation of a clot, or to render it safe to apply a ligature between the tumor and the heart. Ligation of the distal side of the aneurism had been rejected by the consultation, as inefficient, from the proximity of the thyroid axis to the tumor. Coagulation by means of a galvanic current through acupuncture needles was likely to burn the integument so as to cause ulceration around the shaft of the needles, and subsequent trouble, and the injection of the sac with the perchloride of iron was dangerous, on account of the proximity of the heart. The patient would also be exposed to the risk of pleurisy. Pressure was not possible, without interrupting the venous circulation.

If not operated on, the patient might perhaps be cured by nature, as the sac had solidified very much lately from fibrinous formation within it, which might eventually proceed to such an extent, as to plug up the vessel and act as a barrier to the circulation.

As it was determined to resort only to palliative measures, the action of the heart would be controlled by the use of digitalis, aconite, or veratrum viride, whilst an ointment of belladonna would be applied over the tumor for the purpose of allaying the pain caused by its pressure upon the neighboring nerves.

OPERATION FOR STONE IN THE BLADDER.

Case 4.—A boy aged between four and five years, has suffered for two and a half years, under all the symptoms of stone in the bladder. Besides pain in the glans penis, difficulty in urination, with occasional stoppage of the stream of urine while in full flow, there has lately been considerable irritation of the rectum, evinced by frequent and involuntary stools, with constant prolapsus ani. The urine of the child was cloudy, and presented microscopically, octohedral crystals of the oxalate of lime, and pus corpuscles, as observed by Dr. Woodward, the clinical assistant. On the introduction of a sound, the stone could be distinctly felt. After some preliminary remarks on the nature of the operation, and the anatomy of the perineum, the child was brought into a state of anæsthesia, by the inhalation of a mixture of one part of chloroform to three of ether, by weight, when Dr. Smith introduced a sound, and felt the stone. A sounding board being then attached to the sound, the click of the stone was rendered perfectly audible throughout the large lecture room, although filled with several hundred persons. The sound being withdrawn, the staff was introduced, and the ordinary left lateral operation performed, removing an oval stone three and three quarters of an inch in length, five-eighths in breadth, and about half in thickness, and which weighed forty-five grains.

There was but little hemorrhage, and we learn the child is doing remarkably well, urine having passed through the urethra within thirty-six hours after the operation. The stone will be examined, and its chemical constitution determined, the results of which will be given in a future number.

PHILADELPHIA COLLEGE HOSPITAL.

Service of Dr. Halsey.

CASE OF NEURALGIA OF THE NECK OF THE BLADDER.

Henry Morgan, æt. 34, seaman in occupation, says he passes his water four or five times every night, and several times daily, and that when the desire once comes upon him, it is so great and urgent that it is impossible for him to retain it a moment after, but he is obliged to pass it immediately. Says he does not know the cause of his complaint. About three years ago, having just landed from a sea voyage, he indulged in excessive sexual intercourse, and has been troubled somewhat with this abnormal condition of his bladder ever since, although he has been getting worse for some time. Complains also of severe pain in his back, and impotence. Ordered cupping of the small of the back, and introduced a large catheter into the bladder.

The patient has improved very much under this treatment, although the bougie has been used but twice.

Dr. H. remarked that a frequent and pressing desire to evacuate the bladder was common in old men who are suffering with enlarged prostate gland, and in those persons who have stricture of the urethra.

The age of the patient is averse to the supposition that the prostate gland is the cause of his malady, and besides, upon examination, we find it to be of the usual size. Upon introducing a large bougie, no obstruction whatever is found in the urethra; but you will notice that as the point of the instrument is carried into the bladder, the patient complains of its hurting him. This is on account of great irritability of the neck of the bladder. This symp-

tom explains to us also the cause of the frequent desire for micturition.

The irritating properties of the urine coming in contact with the irritable neck causes an immediate desire to discharge the urine in the same manner as in stone in the bladder, the stone coming in contact with the neck, produces great irritation, and a consequent desire to urinate. As soon as the patient has urinated, he is free from all unpleasant feelings, but when another quantity of urine is secreted, and comes in contact with the irritable neck, an urgent desire seizes the patient, and he is compelled to empty his bladder at once.

The causes of this disorder are numerous: stricture, enlarged prostate, stone in the bladder, excessive coition, and worms in the rectum. I have seen several cases that have occurred after gonorrhœa, caused, no doubt, by the inflammation extending to the bladder. It has been known to occur from resisting a long time the desire to urinate. This more frequently occurs in females whose modesty sometimes prompts them to go with distended bladders rather than suffer exposure in evacuating them.

Simple cases of this disease—those which have no complications with stricture, enlarged prostate, inflammation of bladder, etc., may be generally cured in a few days by introducing as large a bougie as can be admitted into the urethra. This should be introduced every day or every other day, and left in place five or ten minutes. Frequently no other treatment is required. In other cases, injections of cold water into the bladder every two or three days, and injections of the same into the rectum, with warm hip baths, may be required. It is well in such cases to begin with a mild purge. Ext. of hyosacymus and camphor, a grain or two of each at bed-time, will often be found to afford great relief, and allow the patient to rest with comfort.

Book Notices and Reviews.

SELECTIONS FROM FAVOURITE PRESCRIPTIONS OF LIVING AMERICAN PRACTITIONERS. By Horace Green, M.D., LL. D., &c. New York: Wiley & Halsted, 1858. Pp. 202.

FORMULÆ FOR MAKING TINCTURES, INFUSIONS, SYRUPS, WINES, MIXTURES, &c., simple and compound, from the Fluid and Solid Extracts prepared at the Laboratory of Tilden & Co., New Lebanon, New York. 1858. Pp. 162.

We have often thought that the profession were inclined too much to adopt a routine practice, and we fear such books as the above, are very liable to increase this to a much greater extent. Many practitioners have certain mixtures, &c., which they use invariably for certain diseases; it may be, they have formed the combinations for themselves, but in the majority of cases, they have been derived from some professor or work on medicine, and they have become so accustomed to the use of them, that they seem incapable of prescribing in any other way. To such members of the profession, works like the above are perfect god-sends. For this reason, we do not feel favorably disposed to such books, however perfect they may be. The titles of each will sufficiently explain their objects, &c. Both have been very carefully got up, and in consequence present much that would be serviceable to the profession, if properly employed. A number of the prescriptions of the former, have been published already in the American Medical Monthly, and were obtained by Dr. Green from various sources, some having been furnished expressly for this work by eminent physicians. There are remarks on each prescription; and all of a similar character, are placed in juxtaposition; it is virtually a new form of *materia medica*.

From the high rank of its author, we can confidently recommend it to the profession, as well worthy of their confidence, though, at the same time, we do not wish to be understood as recommending them to follow these formulæ implicitly, but let each man write his own "recipe" to suit the case and himself.

The latter work is, of course, particularly devoted to the interests of Messrs. Tilden & Co., and as such, has its excellences, although we find one or two things which are calculated to produce an unfavourable impression in the profession concerning them. Among the sources from whence they have obtained their formulæ, we notice several which are not regarded as orthodox, thus the "Eclectic Dispensatory," and various "Eclectic Journals." Now, as the regular practice claims to be "Eclectic," we regard such works as mere

efforts of charlatanry, especially as these reformers only use a portion of the remedies of the materia medica, totally ignoring all mineral preparations. With these exceptions, we regard the work as well worthy of a place on the shelves of the practitioner, being well calculated to aid him in making for himself many preparations.

Editorial.

INTRODUCTORIES.

One of the customs which prevail in the medical colleges of this city, we think is susceptible of a change for the better; viz., that of spending a week in giving "Introductory lectures." Such a week we have just passed through, and time and talent have been expended in the preparation and delivery of *twenty-eight* introductory lectures in our four medical colleges, where four would have been amply sufficient. We doubt not but all the introductories were good, and that every one of them contained matter well worthy the attention of the student. Certainly all this, and more, could be said of those which it was our good fortune to hear, and we should regret not to see some of them at least, in print.

It is not that we doubt the ability of our professors to compose twenty-eight creditable introductory lectures every fall, but we protest against the custom which exacts *nolens volens* this labor at their hands, when one general introductory at each school is all that the necessities of the case call for. We have little doubt that to the professors themselves, these introductories are the greatest "bore" of the whole session, and that they would hail with satisfaction a change which would require but one from the faculty of each school.

If we mistake not, according to the present arrangement, no two introductories are given at the same hour, so that the students have the opportunity of hearing the whole set of twenty-eight if they choose, and as a majority of them come here with the impression that they are in duty bound to hear all they can, it is likely that before the close of the week, many of them began to think that they were being most effectually bored.

Seriously though, we think it would be a much better arrangement to dispense with this formal introductory system, and have each faculty select one of their number to give a general introductory, which should always receive the compliment of being published by the class. The remaining time could be very profitably occupied.

A PLEA FOR COURTESY.

Not long since we took occasion, in few words, to express our regret at seeing in the *Nashville Journal of Medicine* several pages of editorial, devoted to a personal attack on an eminent and worthy practitioner and professor of surgery in this city. We refor to the subject again, in order to express our sorrow that the *Atlanta Medical and Surgical Journal* should have consented to admit into its columns a counter-blast in the spirit that characterized the article in the Nashville Journal: and we feel justified in saying that had the eminent man in whose defence that article was written been consulted in the matter, he would have utterly reprehended its publication. Much better have let the matter drop entirely. It is disgraceful and degrading to our medical literature to admit such articles into print. We earnestly hope that we have seen the last of it.

YELLOW FEVER.

This pestilence has again visited our land, though not in so terrible a form as it sometimes does. It first appeared in New Orleans about the middle of June, and has been mildly epidemic there ever since. According to the New Orleans *Crescent*, the epidemic has expended itself chiefly on young men, and mercantile employees, and, we may add, on unacclimated strangers, who often, in the face of the most earnest warnings, enter a city in which this disease is epidemic.

The following table shows the weekly mortality since the date that the epidemic is supposed to have had its origin:

	Yel. Fever.	Other Dis.	Total.
Week ending June 18	2	128	130
" " July 4	8	134	142
" " July 14	9	139	148
" " July 18	20	117	137
" " July 25	25	162	187
" " Aug. 1	70	120	190
" " Aug. 8	140	166	306
" " Aug. 15	286	171	457
" " Aug. 22	318	165	433
" " Aug. 29	402	184	586
" " Sep. 5	449	197	646
" " Sep. 12	472	164	636
" " Sep. 19	474	168	642
" " Sep. 26	444	175	619
" " Oct. 3	380	160	540
" " Oct. 10	390	149	537
Total,	3889	2497	6386

The following is the report of the Relief Committee of the Young Men's Christian Association, for the week ending Oct. 12, at 7 o'clock, P. M.:

Number of cases under treatment at last report	185
New cases received during the past week	151
Number cases of yellow fever discharged cured	76
Number cases of other diseases discharged cured	16
Deaths from yellow fever	26
Deaths from other diseases	1
Cases of destitute suffering relieved	18
Cases now under treatment	199
Total number of cases treated from August 27th to October 12, at 7, P. M.	1,539

The Howard Association.—The following is the Report of this association for the week ending October 10th:

Cases on hand last report	212
Received since	251
Total	463
Died since last report	43
Discharged—cured	127
Total	170
Cases under treatment	293
Total cases treated to date	2958

The disease is also epidemic in some portions of Texas, and the mortality considerable. The Galveston *Civilian* of the 7th inst., says there were six or seven burials on that day, while it announces that there is no abatement of the epidemic. In Houston, according to the *Telegraph*, there are but few cases, and they of a manageable form. The disease is chiefly confined to a single block and its immediate neighborhood, where it originated. That paper adds, the disease "certainly has not been imported."

The epidemic has also prevailed in Mobile. The *Advertiser* of Oct. 10th, says, that during the week preceding, there were fifty-two deaths, being double the number of the preceding week. That paper furnishes the following comparative statement, showing the progress of the yellow fever for corresponding weeks in the years 1847, 1853, 1854, 1858:

	1858.	1854.	1853.	1847.
October 2	8	2	3	7
" 3	1	0	2	1
" 4	3	0	9	2
" 5	9	1	6	0
" 6	8	0	0	1
" 7	12	0	5	0
" 8	9	0	4	0
	50	3	29	5
Died previously	77	24	841	49
Totals to date for season,	127	27	870	54

Yellow fever has also been epidemic in Charleston and Savannah. The cities farther north have entirely escaped the disease this year, though it has been quarantined both in this city and in New York. A few cases occurrred in the neighborhood of the N. York quarantine, which fact led to the destruction of the quarantine buildings by the excited populace. There have been rumors of a few cases having occurred in this city, but we are not satisfied that any true yellow fever has been seen here this season.

☞ Dr. H. Hartshorne requests us to state that the articles alluded to by him in the discussion on Placenta Prævia, mentioned in our last number, were by *Dr. Radford*, and were originally published in the Associate Medical Journal, although afterwards extracted into the *American Journal of Medical Sciences.*

Correspondence.

It seems that we misapprehended the cha-

racter of the work proposed to be published by Drs. Denny and others, as advertised in our first, second and third numbers. The following note from Dr. Denny will explain.—EDS. MED. AND SURG. REP.

SUGGSVILLE, CLARK CO., ALA., OCT. 12, 1858.

MESSRS. EDITORS.—I take the liberty to inform you that a slight typographical error has crept into the advertisement subscribed by me: viz., "*New* subscriber," in two places, which should have read "*Non*" instead of "*New.*" In your editorial you seem to be laboring under a great misapprehension as to the character of the proposed work, which is to consist of "an orderly announcement of undoubted truth," stating at least some of the demonstrations of "INTUITION as to 'the important principles involved' in *every* investigation," while the review is only *incidental.* It is not yet proposed to publish a volume "*annually,*" but "*periodically.*" It is by no means proposed to take any part in the past so-called discussion, and of course, not "*to continue it.*"

Of course our pages will not be "devoted to this discussion," but to an exposition of "the important principles involved," and violated in this discussion.

You are at liberty to make any use of this letter which you may think to be most proper.

Very truly yours,
A. DENNY, *Sec.*

Periscope.

OINTMENT OF MANGANESE, AS A SUBSTITUTE FOR IODINE.

The *Pacific Medical and Surgical Journal,* has the following from the *Journ. de Chimie Médicale:*—"M. Hoppe states that after a long trial with the salts of manganese in the form of ointment, he gives them the preference, as a general remedy, to the ointment of iodine or its ordinary salts. In those cases where fibrous induration exists, in old glandular engorgements, and in cases of thickening and tenseness after the cure of articular affections, it has answered the indications when the iodine has failed. Frictions with this ointment, may be made to produce pustular eruptions on the parts, if desired. To obtain this effect we use the following:—R. Sulphate of manganese, 120 grains, lard one ounce. For a resolving agent, 60 grains to the ounce of lard is sufficient. The salts should be intimately mixed."

INCONTINENCE OF URINE CURED BY STRYCHNIA.

The same Journal gives from the *Bulletino delle Scienze Med.,* a case of incontinence of urine, as repeated by M. Gamberini at the hospital of St. Ursula, (Bologna.) Several methods of treatment had been employed without success, and then had recourse to "strychnia, with the same object, namely, to remove the paralysis of the sphincter of the bladder; and to the perineal application of an ointment composed of alcoholic extract of nux vomica (one drachm to the ounce of lard.) The alkaloid was given in the dose of one sixteenth of a gr., and increased gradually till half a grain was taken. After a month of this treatment, the patient began to be aware of the presence of urine in the bladder, to such a degree, that it awaked him from sleep. Soon after this, all medication was suspended, and the patient was kept awhile under observation, but it becoming apparent that the cure was complete, he was sent back to his regiment.

This habitual enuresis in all probability depends on a relaxation of the sphincter of the bladder, and the assisting muscles, which is supposed to be removed by strychnia, a remedy considered by Modiére and other physicians, as the most efficacious in similar cases."

SECALE CORNUTUM IN ASTHENOPIA.

The *Virginia Medical and Surgical Jour.,* takes a paper on this subject from *Archiv für Ophthalmologie,* &c. The patient mentioned, was, and had always been in excellent health, being about 28 years of age. For some time, had great deterioration of vision, and could occupy herself but a short time at work, etc., in consequence of a pain over her eyes, and every thing becoming blurred. The eyes appeared in every way devoid of morbid change. "Visual distance was normal. There was no doubt that the disease consisted in a disturbance of the adjusting power." Ten grains of secale cornutum with carbonate of magnesia, were given her four times a day. In four days, immense improvement had occurred, and she was cured for the time. It returned, and was again relieved by the same treatment. Now she is well, and is only required to use her eyes carefully, without over-tasking them. Several other cases have been treated by him with equally beneficial results.

NITROUS FUMIGATING POWDER.

The following is translated from the *Revue*

Pharmaceutique, by the *Amer. Jour. of Pharmacy*.

"Take of bisulphate of potassa 15 parts, nitrate of potassa 13 parts. Pulverize the substances, mix them well, and add a sufficient quantity of oxide of magnesia to blacken the mixture.

In using this powder, it is thrown pinch by pinch on a hot brick. Immediately abundant vapors of nitric and hyponitric acids are disengaged."

OBSTINATE SYPHILITIC ULCERS.

Under the head of Infirmary Reports, in the *Virginia Medical and Surgical Journal*, Dr. A. E. Peticolas gives the following:—

"A sailor with an open bubo in the left groin, for which he had been treated in many ways. The ulcers and scabs were covered with lint, wet with sol. permang. potass., gr. x to ℥j. Under this simple local treatment, the ulcers healed, and the scabs came away without leaving any abraded surface."

CONIA IN TOOTH-ACHE.

The *American Druggist's Circular*, gives the following from the *Repertoire de Pharmacie:*—

"Dr. Reid states, that conia causes instant relief in tooth-ache arising from exposure of the nerve in caries; and when it returns after a season, this again relieves quickly. It is applied in a diluted form according to the following formula:—

℞. Conia 1 drop; rectified alcohol, essence of cinnamon, each 4 drops. Mix. This solution is applied by means of a camel's hair pencil. The action of the conia, besides relieving the pain, is manifested several minutes after its first application, consisting in difficulty in swallowing, vertigo, &c., which usually ceases in about ten minutes. The power of this agent, however, should be applied with caution, as its action may become excessive with want of care. It does not appear to relieve that form of tooth-ache arising from congestion, when the affected nerve cannot be reached directly by the conia."

DISEASES OF THE SKIN.

In the *American Druggist's Circular*, we find the following views of Mr. Startin as followed in the London Hospital for Skin Diseases.

"Avoid using *soap of any kind* to the affected parts; substitute to cleanse the skin, a paste or gruel made with bran, oatmeal, linseedmeal, arrow root, or starch and warm water, or with warm milk and water; and yolk of egg and warm water to cleanse the scalp. For boils,

℞. Sulph. magnesia, ℥iij.
Sulph. iron, ℥ij.
Dilut. sulph. acid, f℥ss.
Diluted with an infusion of quassia to a pint in quantity.
Dose, from two to four drachms three times a day, in water.

Touch each boil with a glass brush dipped in acid nitrate of mercury solution, and dress with an ointment containing a small proportion of ammonio-chloride, or some similar salt of mercury."

In eczema of the scalp and face, Mr. Startin ordered

℞. Mist. potas. iod., f℥j.
Aq. f℥v.
Dose, a teaspoonful three times a day.

The surface to be washed with the yolk of egg and water, and smeared with nitric oxide of mercury ointment.

The formulæ for the above are:—

℞. Iodine, ℥j.
Liq. potas., f℥j.
Aq. distill., Oj.

The liniment,

℞. Olive oil, f℥ij.
Lard, ℥ij.
Powdered nitric oxide of mercury, ℥j.
Oil of bitter almonds, ℈ss.
Glycerine, f℥j.

For a case of impetigo figurata, he ordered the parts to be bathed with the dilute nitric acid lotion, which consists of

Dilute nitric acid, f℥ss.
Tinc. of myrrh, f℥ij.
Aq. Oj.

To apply to the ulcers and excoriations, the comp. mercury ointment, and take a teaspoonful three times a day, of the following:

℞. Mist. hydr. co., f℥j.
Tinc. opii., f℥j.
Aq. ad., f℥vj.

The mist. hydr. co. contains in every drachm, a tenth of a grain of bichloride of mercury, and a fortieth of a grain of arsenious acid. The comp. mercury ointment is made by mixing six grains of the ammonio-chloride and six of nitric oxide with an ounce of lard.

In acne, he usually orders half-ounce doses of the acid solution of iron. In the tubercular form, he prefers, however, the iodide of iron,

in one or two grain doses, which is made by dissolving

℞. Sulph. of magnes., ℥iij.
Sulph. of iron, ʒij.
Dilut. sulph. acid, f℥ss.

With a pint of infusion of quassia.

YELLOW FEVER,

Treated with chlorine and veratrum viride.

Dr. E. D. Fenner has in the *N. O. Med. News and Hospital Gazette*, a very interesting paper on this subject, detailing his success with these articles. He considers the most important indications are—"The controlling of excessive febrile excitement: maintaining the free and continued action of the great eliminating organs, the skin, liver, and kidneys; and consequent thereon, the preservation of the integrity of the blood and tissues. The remedies for this purpose are chlorine and Norwood's tinct. of veratrum viride. He uses them alternately: first, the veratrum, and two hours afterwards, the chlorine, till the excitement is reduced, &c. Sweating should be promoted by mustard, foot baths, warm teas, and covering with blankets, but it should not be carried too far. Dr. F. has hardly ever known one to do well, without a good perspiration for three days. He uses the chlorine in the form recommended by Watson, in his Practice of Physic, as the chlorine mixture. His experience has been limited, though so far eminently successful. He mentions that other physicians have employed, with equal success, the veratrum viride, and he anticipates much concerning it. We hope his anticipation may be fulfilled to the utmost.

SHORTENING THE PROCESS OF LABOR.

From the *Glasgow Medical Journal*, the *American Journal of Medical Science* takes a recommendation, by Dr. Gray, to increase the action of the uterus during labor, by exciting the nipples, by passing the hand over them. He says, "the nipple erects, and in virtue of *reflex action*, the uterine contractions increase in force, while, at the same time, the os dilates, and the external parts become relaxed." He considers this aids also in preventing hemorrhage, and in expelling the placenta.

UVA URSI IN OBSTETRICS.

The same journal copies from the *Bulletin Gen. de Therapeutic*, an article, by Dr. De Beauvais, in which he quotes the uva ursi as possessing the power of causing contraction of the uterus and bladder. From this, he suggests its use in place of ergot, &c. He gives in cases of atony of the uterus, a gramme of the leaves infused in a teaspoonful of boiling water, cooled and sweetened. This may also be used where there is exhaustion and weakness of the pains, &c. It smells and tastes like tea, and from these qualities, and its non-dangerous properties, may be an excellent substitute.

CAUSTIC POTASSA IN THE TREATMENT OF UTERINE POLYPI.

In the *Boston Medical and Surgical Journal*, Dr. H. R. Storer gives a report of a case of polypus of the uterus, where, from its attachments, he could not employ the ligature, forceps, or écraseur, and therefore made use of the caustic potassa, with the most complete success. This is the second case he has treated by this article. He concludes that the applications should be made only to the diseased mass, and that it should be resorted to only where safer measures are useless or impossible.

The first case was only partly successful.

CAPSICUM IN ENEMA.

Dr. G. W. Yeager, of Mercer, Pa., relates, in the *American Journal of Medical Sciences*, a case of convulsions after delivery, in which, as the bowels were constipated, he gave several articles, employing sinapisms, &c., and then, as the convulsions did not present any appearances of amelioration, he gave an enema of one drachm of capsicum in six ounces of water. "Within five minutes there was a very copious and very fetid evacuation from the bowels, when she immediately became more quiet, &c." She finally recovered.

DYSMENORRHŒA CURED BY STRAMONIUM.

Dr. A. P. Merrill, of Memphis, Tenn., in the *N. O. Med. News and Hospital Gazette*, extols the virtues of the extract of stramonium in dysmenorrhœa. He had used it in a number of cases, with highly beneficial effects. A severe case is mentioned in his paper, where the patient before ten days, before the expected paroxysm, taking one grain of the extract every three hours, diminishing of the narcotism was too great. The result was, that the next passed comparatively well, and finally she was cured.

CARCINOMATOUS GROWTH REMOVED BY ESCHAROTICS.

The *American Journal of Medical Sciences*, has an article as above, from the *Edinburgh Medical Journal*, in which Prof. Simpson states that he removed a carcinomatous growth, by applying, with a quill, a thickish paste of commercial sulphuric acid and sulphate of zinc. This paste was laid in a line along the skin, immediately whitening and decomposing it. By a repetition of this procedure, the mass was completely removed in two days. The pain was averred by the patient as being comparatively small.

NARROW AND IRRITABLE STRICTURE OF THE URETHRA.

Dr. D. D. Slade, of Boston, recently read a paper on this subject before the Suffolk District Medical Society. He speaks of the tact, careful manipulation, and, above all, gentleness and patience required in catheterism, especially where an obstruction is met with. He seems to agree with Prof. Syme, of Edinburgh, Civiale of Paris, and Prof. Pancoast of this city, that there is *no* stricture capable of allowing the passage of urine, even in drops, which may not be permeated by skilfully directed efforts. He supposes a case of narrow irritable stricture, where retention of urine has not actually taken place. He first has recourse to general treatment. Rest in bed, warm baths, laxatives, strict attention to diet, opiate enemata, and above all, care not to introduce any instrument into the urethra, will have a marked beneficial effect, the tendency to stricture disappears, and the organs become prepared for the proper local treatment. Where retention has occurred, and immediate relief must be given, delicate gum elastic bougies must be used, some of which should not be larger than a knitting-needle. The patient should be warmly covered in bed, and the instrument lubricated with lard, cold cream or cerate—not olive oil. He recommends, also, a bougie with a probe-pointed, olive-shaped button on it. Mr. Henry Thompson, of London, suggests an expedient for protecting the mucous membrane from injury, and for facilitating the introduction of small instruments, viz., the nozzle of a small syringe, containing four to six drachms of olive oil, is passed into the urethra as far as it will go, the external meatus being at the same time closed upon the nozzle with the finger and thumb. Gentle pressure being now made upon the piston-rod, the oil gradually finds its way down to the stricture, and if this be very narrow it slowly fills the urethra in front, around the nozzle of the syringe, and then, as the piston continues to descend, the oil will gradually pass through the stricture and onward into the bladder, thoroughly lubricating every part of the canal. As the syringe is withdrawn, care must be taken that no oil escapes. The catheter or bougie may now be more readily made to traverse the urethra, and even pass the stricture and enter the bladder.

TINCTURE OF IODINE FOR WARTS.

In the *Amer. Journ. of Pharmacy*, Dr. C. V. Monelle, of Baltimore, gives the following method of extirpating these unsightly excrescences: "I first cauterized the wart with lunar caustic, sufficiently free to reduce it to a level with the surrounding cuticle, and then upon the exposed surface dropped from three to five drops of the tinct. iodine; this I repeated three or four times daily for three days, and then applied a dressing of lint and simple cerate, which healed the sore very rapidly."

Medical News.

MARRIAGES.

McNAUGHTON—MILLER—At Albany, New York, on Thursday, Oct. 21, by Rev. Wm. A. Miller, of Rhinebeck, Ernest J. Miller, to Jessie, daughter of Dr. P. McNaughton.

DEATHS.

BULLIONS—At Troy, N. Y.. on Tuesday, Oct. 19th, after a lingering illness, Henry L. Bullions, M. D., aged 26 years.

BRADLEY—In this city, October 16, 1858, DR. WM. BRADLEY, aged 79 years.

GREEN.—At his residence, in Madison, N. J., DR. HENRY PRENTICE GREEN, in the 60th year of his age.

We had the pleasure of a slight acquaintance with Dr. Green, and can testify to his public and private virtues. As a practitioner he was favorably known, and we doubt not he died as he had lived—a Christian.

UHL—At Bolivar, Venezuela, on Friday, Sept. 17th, David Uhl, M. D., of New York.

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 106. PHILADELPHIA, OCTOBER 29, 1858. NEW SERIES, VOL. I. NO. 5.

Original Communications.

MEDULLARY CANCER OF THE PANCREAS.

Read before the Northern Medical Association of Philadelphia.

BY T. A. DEMME, M. D.

I DESIRE to report to this Association the following case of medullary cancer of the pancreas; a case, interesting not only from the nature and rarity of the disease, but also from the fact that a correct diagnosis was formed early in the progress of the disease, and, in consequence, the obscure diagnostic symptoms of cancer of the pancreas carefully noted.

In the month of June of this year, I was called to see Mrs. Hewett, residing in Ninth Street, below Brown. Upon my visit, I found a lady of about 48 years of age, who presented in a marked degree the ravages of a chronic disease; great emaciation and debility, the features pinched, the expression exceedingly anxious, the skin waxy and jaundiced.

She complained of most excruciating paroxysmal pain in the epigastric region, commencing every evening, and continuing until midnight, when a complete cessation of pain occurred. Upon careful percussion, I found, about two inches above and towards the left of the umbilicus, dullness, and could also feel a hard body, apparently the size of a small walnut. This tumor was very sensitive, and upon percussion caused the patient to suffer much pain.

The general appearance of the patient suggested a cancerous diathesis: the situation of the tumor convinced me that there was no pyloric disease: the absence of coffee-ground vomit indicated a freedom of the stomach from cancerous disease; the tumor was in the region of the pancreas—and, therefore, I ventured to pronounce that the patient was suffering from pancreatic sarcoma.

During the progress of the disease she was seen, in consultation with me, by Dr. Hunt of Arch Street, Dr. R. J. Levis, Dr. Rhein and Dr. Boisnot; of these, only one agreed with me that the disease was pancreatic.

Upon the 15th of August she died. The post-mortem examination, of which I shall give an account at the end of this paper, revealed the existence of medullary cancer of the pancreas. I have made the following notes in regard to the disease.

Duration of the Disease.—Like most chronic diseases, it commenced so insidiously that the time of its first onset could not be accurately fixed. The first symptom that attracted the attention of the patient was pain—this was about six months before her death.

Pain occurred paroxysmally, and always during the night. During the last three weeks of the patient's life the pain lost its paroxysmal character and became constant. On the fifth and sixth days before death, she enjoyed a complete freedom from pain; on the fourth day it returned with increased violence, and continued until the moment of death. She did not describe the pain as being of a lancinating character, but either as a burning or as a cutting pain. Relaxation of the abdominal parietes gave her some relief, and in consequence, her favorite position was seated upon a low stool with the upper portion of the body thrown forwards. She referred the pain to the

epigastric and right hypochondriac regions; during the last week, the pain was transferred to the iliac region.

Vomiting did not exist at the time I was first called, but during the last month a steadily increasing nausea ended in frequent, almost continuous vomiting.

The matter vomited was of a mucoid or watery nature, often tinged with bile. During the progress of this case I never saw coffee-ground vomit: once the vomit was very deceptive, owing to a large quantity of bile ejected, and at another time in consequence of being tinged with blood.

The condition of the bowels was that of constipation—for more than a year before death she had a motion but once in from five to seven days. Near the close of the disease, every evacuation by the bowels caused great weakness and sickness, and was accompanied with great pain. The post-mortem exhibited the cause of the constipation. The stools were often black from the admixture of blood, generally hard, and when not tinged with blood of a light yellow color. I never noticed fatty stools.

Jaundice existed near the close of the disease in a marked degree.

Dyspeptic symptoms troubled the patient continuously, great distress being occasioned by acid eructations and flatulence.

There was constant craving for food.

The tongue was dry, deeply fissured and enlarged.

Local Symptoms.—The pain and the tumor were all that pointed to the seat of the disease; the situation of these I have already given. The tumor gradually increased in size, was nodulated, and excessively painful to the touch.

Post Mortem. The post-mortem examination was made by me, assisted by Dr. Rhein, Dr. Boisnot, and Dr. Nordmann.

Upon removing the abdominal parietes, the omentum was seen, free from any adhesions to the surrounding parts, greatly thickened, and presenting a very uneven surface, consequent upon a cancerous infiltration of its lymphatic glands.

The liver appeared perfectly normal, as far as size, color, and consistency, but upon its upper surface was a small medullary tumor about the size of a marble, which was crushed by slight pressure.

The gall bladder was greatly distended, but healthy.

The intestines were greatly stained by the bile presenting here and there dark green, almost black patches. The descending colon, immediately above the sigmoid flexure, was contracted for the space of four inches, reducing its diameter to the half of an inch. Above and below the constriction there was a great accumulation of fecal matter.

The stomach, a very large one, was perfectly healthy.

The pancreas was one mass of medullary cancer, weighing probably more than 2 lbs. From the pancreas the cancer radiated downwards along the mesocolon, and infiltrated the lymphatic glands.

The cancerous mass presented a whitish-gray appearance, was not fibrous in texture, but apparently in concentric laminæ, crushing readily upon slight pressure.

The great mass of the pancreas pressing upon the pylorus contracted adhesions, and the nodular cancer could be felt through the tissue of the pylorus, and one little mass, covered by the pyloric mucous membrane, could be seen projecting into the pylorus; but in the tissue proper of the pylorus there was no cancer.

According to Dr. Da Costa, who recently presented an interesting paper upon pancreatic sarcoma to the Pathological Society, there have been but 37 authentic cases of pancreatic cancer described, of which 6 were described by American practitioners.

(For the Medical and Surgical Reporter.)

IN MEMORIAM.

BY W. S. T., OF MARYLAND.

DIED, of pneumonia, at Blenheim, Baltimore Co., Maryland, Oct. 9th, 1858, Dr. Robert Agnew, in the seventy-fifth year of his age. He was born in Adams Co., Penna.,

received his literary education at Dickinson College, Carlisle, after which he removed to Philadelphia, where he pursued his medical education as a private pupil of the late Dr. James, after completing which he was offered and accepted the post of physician to a vessel sailing from Philadelphia to Canton, China; but this enterprise failed in consequence of the wreck of the ship, which occurred in a violent storm after passing the Capes. Upon the occurrence of this disaster he returned to his native state, and settled in Lancaster County, in which, with the adjoining county of Chester, he enjoyed a most extensive practice for forty years,* when, finding the duties of his profession too arduous, in consequence of a severe asthmatic affection, he was compelled reluctantly to relinquish it, and retire from its oppressive labors, to the profound regret of a very numerous circle of enlightened and sincere friends. He then removed to Maryland, and purchased "Blenheim," the farm on which he died, after a residence of eighteen years. But notwithstanding he had declined *actively* engaging in the practice of his profession, he nevertheless spent much of his time in literary and scientific studies, for his mind retained its wonted vigor, though the inconvenience resulting from his bronchial difficulty necessarily limited the boundaries of his social intercourse. While living in Pennsylvania he was selected to represent his county in the State legislature, and had he chosen, his extended popularity would have advanced him rapidly in political life; but having no aspirations for political honors, he retired from the field to enjoy the more congenial pursuits of his profession. The leading features of his character may be described as consisting of great simplicity, singleness of heart and ingenuousness; always slow and cautious in forming an opinion, but inflexibly firm in maintaining and carrying it out when formed—

"Not the first by whom the new is tried,
Nor yet the last to throw the old aside."

He was neat, methodical and precise in all he did. His manners were exceedingly bland, courteous, and devoid of affectation. He was indeed admired by all who knew him intimately. His amiable manners and disposition insured for him the good will of all who had the happiness to enjoy his society. His death was calm and peaceful, as becomes the Christian gentleman, and in perfect harmony with the life he so much adorned. He leaves a widow, almost fourscore years of age, and an only son, Dr. D. Hayes Agnew, anatomist, of Philadelphia.

* Dr. Agnew, after he removed to Maryland, counselled and prescribed for several years; so that his professional services extended over a period of half a century.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

SATURDAY, OCT. 16TH.

Service of Dr. Gerhard.

PHTHISIS.

After some preliminary remarks upon those most liable to this disease, its nature, etc., he said the most important auscultatory sign in the beginning, was a *crackling sound*, on auscultation, like the breaking of bubbles of a liquid contained within a cavity. This was more important than pectoriloquy, because the latter is only developed when the cavern is clear. This, too, occurred at the lower portion, in consequence of the tendency of liquid to gravitate to that portion, and hence we have the cavity kept full. We frequently find evidences of disease of the larynx, and this was a very unpleasant symptom, because it renders the patient unable to talk, except with great difficulty. Thickening of the cords produces huskiness of the voice, then ulceration, the voice is destroyed, deglutition is interfered with, and the suffering is great. He presented a case of a woman who had suffered with cough for three months. She had not menstruated for the last two months, and about the same time ago she had brought up blood; as a general rule, the catamenial flow disappears when tubercles are present.

This patient has the tuberculous expectoration as from a cavity. Percussion gives a dull sound. We should always percuss at the back part of the chest, as the bronchial tubes lie closer to the surface at this point, and we have also a larger mass of lung, and diseases occur

more particularly at the posterior portion. On auscultation, we have a noisy respiration, showing the presence of a cavity and induration of the lungs. This is a cavernous respiration. The treatment was as usual. Cod liver oil, quinine, etc.

CASE II. A young man, who looks tolerably well. He is thin, and has lost flesh fast. Has had a cough for months from exposure to cold, producing an acute attack. Dullness on percussion; chest moderately contracted; cavernous inspiration, and gurgling. He has a cavity and scattered tubercles. He has a *fistula in ano*. Now, this must not be touched with the knife; if it should be healed, the disease of the lungs would go on with accelerated pace. It acts as a means of relief which nature has set up. Give him cod-liver oil, quinine, iron, etc.

Service of Dr. Norris.

FRACTURE OF PATELLA.

(See Report of October 9th, page 62.)

This was produced by the kick of a horse on the man's knee. There is very little suppuration, and probably the fracture is comminuted, from the mode of its production.

Dressed as before.

He next exhibited two cases of amputation, which were dressed, and are doing well.

RUPIA.

A man much emaciated, with an eruption on his face and portions of the body, of a vesicular form. This is *Rupia*. The points are vesicular, swell much, inflame, ulcerate, and open, pouring out a thick matter, which forms a scab. He has periostitis of the limbs, etc., which produces these sores. The worst ones we will puncture, and evacuate the pus, then poultice, and let them discharge. This is the result of two or three causes: he is scrofulous, and syphilitic, and has taken mercury freely. Scrofulous cases, when thus treated, are apt to suffer from its effects a long time. Syphilis is better treated without mercury in all cases, but especially when the patient has a scrofulous diathesis. Give him iodide of potassium; good diet; the open air; invigorate his health with cod-liver oil and the warm bath. We may find in these swellings, called *nodes*, diseased bone, more or less. We will examine into this after awhile. In addition, he had a spot on the scrotum; it ulcerated, opened, and a fungous mass formed: this must be cauterized, and the sides of the opening brought together, or we may have the testicle protruding. Support it with strips of adhesive plaster, and wash with the chloride of soda.

WEDNESDAY, OCT. 20, 1858.

Service of Dr. Gerhard.

TYPHOID FEVER.

Two cases which have been before the class were presented, showing the progress of typhoid fever. They were both convalescent. Dr. G. cautioned the class against unnecessary medication in this disease.

CHRONIC BRONCHITIS.

A woman, æt. about 60, was brought in with chronic bronchitis. She has had a cough for two years. You perceive, gentlemen, the labored, wheezing respiration, and the position the patient assumes, viz., bending forward. You notice that the chest is rounded, and on percussion the sounds are clearer, more sonorous than in health. There is preternatural development, extending over the whole of both lungs. These symptoms indicate emphysema. We may infer it from the protuberant form of the chest. On examining the chest posteriorly, we find sonorous expiratory rhonchus over its whole surface, rather more on the right side. There is no mucous rhonchus, which generally exists at the lower portion of the chest. The same is observed in front, though there is more sibilant rhonchus than posteriorly. When the patient coughs, there is quick, jerking, sonorous expiration. There is some thickening of the mucous membrane at the lower portion of the larynx. If the upper portion involving the parts which modulate the voice were thickened, we would have alteration of voice; but none exists here. This is a chronic case, and he would remark that, in many chronic cases, we cannot expect a *cure*, but we must do all in our power to moderate the violence of the symptoms, and make the patient as comfortable as possible. In every disease, the power in the physician to *cure*, it must be remembered, is comparatively slight. Too many young physicians commit the error, supposing that, armed with medicines, they can *cure* any disease that comes in their way. Medicines should be used cautiously, gentlemen. This patient rested pretty comfortably last night until about 4 o'clock this morning, when she had a severe attack of dyspnœa from congestion of the larynx. He has seen none of the expectoration, but presumes that it is muco-purulent.

Treatment.—She has little fever; there is slight tension of the pulse and heat of skin. The indications here are to promote secretion and relieve the spasm. The best remedy to meet these indications is the tincture of lobelia. You may give a teaspoonful three or four times a day. This remedy acts differently in different cases, and you must be guided in the dose by its action. Squills may be combined with the lobelia or not; we will not use it in this case. We will also order an opiate. This will be useful in controlling respiration and relieving spasm. He uses scarcely any other narcotic than opium, as it is the most reliable. There are many others in use, but he very seldom employs them. This patient may smoke stramonium leaves twice a day, and we will give her nearly a teaspoonful of paregoric occasionally. There exists in this case what is termed *laryngysmus stridulus.*

2. A young woman, aged about 22, was presented, with chronic bronchitis. She has not quite as much shortness of breath as the last patient, though she has considerable, and cannot come up stairs, she says, without stopping. She expectorates muco-purulent matter; no blood; has no fever, the pulse being normal. In examining her chest posteriorly you perceive that it is rounded. On percussion we find the sounds clear over the whole chest, but less so than in the last case. In examining by percussion, you must remember that clothing interferes with the natural sound, and make allowance accordingly. We find no dullness here at the apex of either lung, and therefore conclude that our patient has no phthisis. On examining the left lung by auscultation, we find at the lower portion that there is a sonorous inspiratory rhonchus, though not an expiratory one. At the upper part, there is both inspiratory and expiratory sonorous rhonchus. On the right side, inferiorly, we find some mucous rhonchus, and, superiorly, there is both expiratory and inspiratory sonorous rhonchus. In front we find rather more mucous and sonorous rhonchus, with a trace of sibilant.

This disease has lasted six months, and may therefore be considered chronic. But it is not too late to do something for the relief, and perhaps permanent cure of the patient. We will have a stimulant plaster applied. These may be used very well eight months in the year, but during the warm summer months they cause a great deal of discomfort, and should be avoided. Never apply a warming plaster of the strength ordered in the Pharmacopœia, unless you want to have a bad blister. I find that one-third the proportion of flies ordered there are sufficient. Apply the warming plaster under the arm-pits of both sides. It is most needed on the right side. Give expectorant remedies. By promoting expectoration you relieve congestion of the bronchial tubes. Assafœtida is a mild expectorant, and is a particularly useful remedy with female patients. It is, however, objectionable in general practice on account of its odor. It may be given in almost any amount. Its effects, when given in an over-dose, are manifested on the stomach. We will try it with this patient, giving it two or three times a day, and if we find no improvement will return to the use of lobelia.

TUBERCULAR PHTHISIS.

1. A young woman was brought in, aged seventeen, with confirmed tubercular phthisis. She presented a very emaciated appearance. There is, in her case, ulceration of the larynx. This affection of the larynx, as an accompaniment of phthisis, is very common, but I find that it varies in different series of years. It has been very frequent during the last two or three years, and was not nearly so much so for the few years preceding that. This ulceration of the larynx causes a peculiar intonation of the voice. In this case, the voice is entirely suppressed. She has difficulty of swallowing. This is always the case when the epiglottis is much ulcerated. Sometimes it causes deglutition to be very painful and distressing, and frequently regurgitation takes place. This patient has no chills now, though she had them when she came into the house, and she has no sweating at night. There is no diarrhœa, showing that the intestines are not the subject of tubercular ulceration, which frequently occurs in the glands of Peyer and Brunner. Percussion gives a dull sound on both sides at the upper portion of the left, and the upper two-thirds of the right lung. At the upper and posterior portion of the right lung, we find cavernous expiratory and inspiratory sounds of mucous rales in the middle, and friction rales at the lower portion of the lung. The friction sounds are caused by adhesions from lymph thrown out in the pleural cavity. On the upper left side there is rude respiration. The sounds are much the same on the anterior portion of the chest. This girl has lost a brother by consumption, and her mother is sick with the disease now. Her father died of dropsy. She also lost an uncle by consumption. She comes from county Tyrone, in the north of

Ireland. The Scotch-Irish, of the north of Ireland, are generally a more healthy and robust race than the native Irish of the southern and south-western, or the English-Irish of the eastern parts of the island, but they suffer more from consumption.

The diagnosis in the case of this girl, who has just gone out, is clear, and, unfortunately, the prognosis also. She has had the disease for ten months, and will not probably live much longer. In young persons, consumption is apt to run its course much more rapidly than in persons of a more mature age. When it occurs in persons past forty years of age, they are much more likely to linger for years with the disease than the younger subjects of it, like the girl who was just before you.

Treatment.—But this girl must not be abandoned to her fate. Something can always be done to render life more comfortable, if not to prolong it. She should have good, nourishing food, tonics, porter, and stimulants. However, care must be taken in recommending stimulants, lest a morbid appetite for them be created. Your patient had better die of phthisis than of dropsy. This girl has taken cod-liver oil, but has been obliged to discontinue its use from inability to digest it. The best time to give cod-liver oil is from one to two hours after a meal, or about mid-way between two meals, or at bed hour. If given before meals, or soon after, it is apt to interfere with digestion, and cause nausea. If this remedy, or rather nourishment, cannot be taken, it is well to substitude some other fatty or oily substance, as the fat of ham, or cream, etc.; the only advantage that cod-liver oil has over the other fats is, that it is more easily and thoroughly digested. Sometimes it is necessary to discontinue its use for a time, and begin again. It should not be given rancid. A tablespoonful may be given three times a-day. You must not suppose that these substances are given with any hope of curing confirmed phthisis. Unfortunately, we have no power yet to cure the disease. Early treatment is of the utmost importance in this disease, and in many cases where there is a strong pre-disposition to it, we may prevent it by proper treatment. Exercise and diet are of the utmost importance in consumption. The former should be taken freely, though not to the extent of causing much fatigue, and the latter should be rich in nutritive matter, and easily digested.

2. Girl aged about fourteen. Has no cough. When she came into the house she had some cough, fever, and rude respiration; she has had tonics quinine and iron; one grain of the former to two of the latter, three times a-day, with cod-liver oil. Respiration is still a little rough on the right side. This girl may get well if she follows out vigorously the course of treatment we have recommended. He sees persons going about the streets now, who had incipient phthisis twenty years ago, but who recovered by following out his directions. This girl would soon kill herself, if she were to engage in sewing or other confining employment.

Service of Dr. Norris.

FRACTURE OF THE RIBS.

This accident is frequently complicated by injury to the lungs and emphysema. This man has emphysema; you perceive that his face is puffed up and swollen; he says it is naturally thin. His neck, too, is swollen. On pressing the swollen part, you will observe a crackling under the fingers. There is not as much emphysema here as we often see. This man received his injury by the wheels of a loaded furniture car passing over him. He is suffering so much pain that a very close examination into the exact nature of the fracture has not been made. We will apply strips of adhesive plaster to control the respiration of this injured side. Emphysema rarely gives trouble. It will soon pass away. He does not think that there is extensive injury to the lungs, for he would in that case have had more cough and expectoration. Diaphragmatic respiration must be performed, in order that the parts involved in the injury may be kept as quiet as possible. There is danger of pneumonia and of pleurisy in these cases.

SCALP WOUND.

(See Report of October 13, p. 66.)

This case had previously been brought before the class, and the proper dressings applied. On account of the contusion of the scalp, the wound was not united by the first intention, but the edges have sloughed away, and left the bone bare. The periosteum is torn off, and we will be likely to have necrosis. The indications are to keep this sore in as healthy a state as possible, to keep pus from burrowing under the frontal and temporal muscles, and to wait until the dead bone is loosened, and then remove it. In former times, it was the practice to trephine around dead bone and remove it at once, but this is unnecessary, and, in fact, is not the best practice.

FRACTURE OF THE OLECRANON.

You observe, as I remove the roller, that it is very loosely applied. This is done to prevent inconvenience from swelling of the parts. You perceive that notwithstanding the precaution we took, the marks of the roller are left in some places. If it had been tightly applied at first, we would have had inflammation and sloughing, very likely, and this would have interfered with a proper treatment of the fracture, and the patient would have got well with a bad arm, even if he did not have to lose it altogether. In fractures of the olecranon, you will find the arm in a semi-flexed position. The patient is unable to straighten it, as he has no power over the arm through the muscles that are inserted into the olecranon process, which is broken off. By rotating the arm he can feel the crepitus. A straight splint is indicated here in order to bring the fractured bones together, but the position would be so uncomfortable to the patient that it would be impossible to maintain it long. We therefore use now an angular splint, nearly straight. This will be changed in the course of the treatment, and splints of different angles used, to avoid anchylosis. The union that takes place here will probably be ligamentous, as is usually the case.

FRACTURES OF THE LOWER END OF THE RADIUS.

Woman, aged about forty-five. This, gentlemen, is one of the most common forms of fracture that you will be called upon to treat, and it is very important that you understand how to treat it well, both for your own reputations, the comfort of the patient, and the utility of the arm. We will notice two kinds of fractures of the lower end of the radius; the first, transverse, occurring chiefly in young persons, and consisting simply in the separation of the epiphysis—the other, oblique from externally one and a half to two inches above the end of the bone, inward, and generally involving the joint—in fact, the external projection of the radius is knocked off. The case before you is of the latter kind. This fracture is sometimes discovered with great difficulty, and is extremely apt to be followed by deformity. It is very often regarded as a simple sprain, and receives no treatment at all as a fracture. It is good practice to treat severe injuries to the wrist joint, particularly where there is the least doubt in the diagnosis, *as if they were* fractures. No harm can result from it, and much subsequent trouble and annoyance will very often be saved. Where there is much deformity, he would recommend the use of the straight splints, extending the whole length of the forearm and to the end of the fingers. In two or three days we will often find that the fractured end of the bone is bulging upward, and it will be necessary to put additional pressure upon it, by means of a compress, in re-applying the splints. In bad cases it is best to put the patient to bed, and elevate the fractured limb.

Bond's splint was exhibited to the class. It is easier and better, perhaps, toward the close of the treatment, than the straight splint, on account of the freedom of motion allowed to the fingers, but he would not recommend it in bad cases, or in the early treatment.

A woman, aged fifty, was presented, with fracture of both bones of the arm, near the lower extremity, who is getting well without deformity. *Rigidity of the fingers*, in the treatment of a great many of these cases, often gives trouble, sometimes even more than the fracture itself. An old woman, aged sixty-five, was brought in, suffering from this cause. It may be weeks or months before she can use them freely. The surgeon must exercise them daily himself, without trusting the patient to do it, for he will seldom have sufficient resolution to do it well.

UNIVERSITY COLLEGE HOSPITAL.

SATURDAY, OCTOBER 16TH.

Service of Dr. Henry H. Smith.

NECROSIS OF THE LOWER JAW.

CASE 1. A little girl, aged 7 years, presented well-marked *necrosis* of the right side of the lower jaw.

A year and a half ago she had scarlet fever, but her father did not remember that she was salivated.

Shortly after she recovered from the fever, a swelling appeared on the right side of her face, which was inflamed and painful, and finally proceeded to suppuration. The abscess was opened by her physician about two months ago, and discharged a considerable quantity of pus.

The symptoms she presented were very characteristic of the disease. As exhibited to the class, there was a well marked and solid tumefaction over the region of the jaw; it was not red or tender, but covered by skin, presenting a perfectly natural appearance.

On the posterior part of the swelling, directly over the parotid gland, was a fistulous orifice surrounded by a teat of luxuriant granulations, marking the point at which the abscess had been evacuated. On opening the mouth, it was seen that the gum on the outer side of the teeth involved, (the molars and canine of the right side,) was quite destroyed, and a plate of necrosed bone projected into the cavity of the mouth. Anteriorly, this plate of bone was loosened, but posteriorly it was still firmly adherent.

Dr. Smith removed the loosened portion of the plate with forceps; but on account of other arrangements made for the day, postponed further operative interference until a future occasion. A mouth-wash of myrrh and alum, as well as a weak solution of chlorinated soda, was directed for the present.

FIBRO-CELLULAR TUMOR OF THE MAMMA.

Case 2. A woman, aged 43 years, laboring under a large tumor of the left breast, was next presented. This patient has also had, for eight years, upon the left arm, over the belly of the biceps, what was presumed to be a fatty tumor; it was soft, doughy, and painless, and has gradually attained the size of a man's fist, and had never given any pain, or caused the slightest inconvenience.

About a year ago, she also noticed in her breast a small kernel about the size of a chestnut. It was accompanied, at that time, by great tenderness and intense burning pain. A physician who was consulted recommended leeches, followed by a blister; but his directions were not carried out by the patient. After a time, several smaller kernels could be felt surrounding the primary one; and thus the disease progressed until the whole gland was involved.

This patient first presented herself at the University Dispensary, during the latter part of last summer. At that time, the left breast was enlarged to once and a half its natural size. It was smooth and regular upon the surface, presenting to the touch no nodosities; on pressure, it was found to be exceedingly hard and unyielding, the pressure sometimes causing pain. The skin covering the breast was natural in appearance, but abnormally adherent to the gland, especially around the nipple. The nipple was large and indurated, but *not retracted*, the sebaceous follicles in the areola were enlarged and prominent. The gland was movable, and not adherent to the pectoral muscles. The patient stated that the breast gave her considerable pain, especially at the menstrual periods, or after excessive bodily exertion, and that at each menstrual period it was much enlarged, diminishing a little in the intervals.

The patient, though nervous and excitable, was in good general health and of robust frame. The opposite breast was healthy. There was, however, a very slight induration of one of the lymphatic glands of the axilla on the affected side.

The patient was put under treatment, blood was several times abstracted locally, both by cups and leeches, and emollient and anodyne applications freely resorted to.

Under the influence of these measures the tumor somewhat diminished in size, and its painfulness was to some extent relieved. But the entire breast still retained its strong hardness, and the skin became gradually adherent to the gland, to a great extent. It also continued to enlarge.

In view of the symptoms and history, as thus detailed, Dr. Smith thought that the affection was *not* of a cancerous character, as had been supposed by the patient and her friends. He particularly called attention to the absence of nodosities as well as of any retraction of the nipple, an appearance so characteristic of cancer of the breast, whilst the mobility of the diseased gland showed it to be perfectly free from any close adhesions to the subjacent parts.

He called the attention of the class to the fact, that the diagnosis of tumors generally was often a most difficult matter, since, while in many cases their characters were so well pronounced as to render error almost impossible, in some other cases the symptoms were such as might perhaps belong to several distinct formations.

He would not, therefore, offer a positive opinion as to the nature of this tumor, but would express his belief, that in all probability the lesion consisted essentially in a pathological development of fibro-cellular tissue, in connection with the areolar, by which the lobules of the gland are bound together.

The correctness of this opinion, however, he was free to say could only be proved after the growth had been subjected to a microscopic examination.

The patient being now brought into the room, in a state of complete anæsthesia, two elliptical incisions were made, commencing near the axilla and terminating opposite the junction of the eighth rib, with its cartilage, thus enclosing

an elliptical flap of skin immediately surrounding the nipple, and the skin with the subcutaneous areolar tissue and fat having been turned back sufficiently, the gland was removed.

It was found to be firmly adherent, at some points, to the pectoral fascia, a small part of which was necessarily removed with the tumor.

Very little hemorrhage ensued, and the edges having been brought together with sutures and adhesive strips, the wound was dressed with a cerate cloth, compress and bandage.

While the dressing of the wound was progressing, Dr. Smith made a section of the tumor, and exhibited it to the class. On cutting into the gland, it was found firm and resisting, but did not cry under the knife like scirrhus. The cut surface was yellowish-white in color, and exhibited a reticulated fibrous appearance. When scraped with a knife, a thin, watery serum, rendered turbid by small particles mixed with it, exuded, but this fluid was not so cream-like and homogeneous in its appearance as the so-called "cancer juice." The opinion was therefore again expressed, that the growth would probably turn out, on microscopic examination, to be of a benignant character, probably fibro-cellular; but whether the result of the examination corresponded with, or differed from the opinion thus given, the class would be fully informed of its details.

Accordingly, on Wednesday, Oct. 20, the following statement, furnished by Dr. J. J. Woodward, to whom the growth was referred for microscopical investigation, was read to the class.

"The essential lesion in this breast was found to be a pathological new formation of connective (fibro-cellular) tissue, the special seat of which was the dense areolar tissue by which the gland vesicles and smaller lobules are held together. The morbid structure was in part well developed, but in part also in the embryonic (cellular) condition. The proper gland structure was atrophied, and the epithelium of the milk-tubes was undergoing fatty degeneration. It will readily be perceived that the condition which existed was very similar to what occurs in cirrhosis of the liver.

There were no structural conditions similar to those which exist in cancer."

We learn that this patient is recovering rapidly, no untoward circumstances having interfered with the convalescence, and she is now, Oct. 22d, walking about the ward.

WEDNESDAY, OCT. 20.

NECROSIS OF THE JAW.

Case 1. To-day another little girl aged eight years, presented a well marked case of Necrosis of the lower jaw, on the left side, and of the outer portion of the alveolar processes on both sides of the upper jaw. More than a year ago this child had suffered from a tedious attack of diarrhœa, and had been freely salivated during the treatment.

Shortly afterwards the disease commenced, and had gradually progressed up to the present period. The teeth attached to the involved portions were black and loosened, and the necrosed bone projected somewhat through the gum. The left side of the face was much swollen over the lower jaw, but no abscesses had discharged externally.

The breath was fetid.

General health good, bowels regular. After a careful examination, Dr. Smith concluded that it would be best to postpone any operation till the sequestra should be more thoroughly loosened by the natural processes. In the meantime antiseptic washes were directed in order to correct the fœtor. Labarraque's Solution, one drachm, diluted with four ounces of water was prescribed for the purpose, and the patient directed to return again.

It will be seen that there are several points of resemblance between this case and case 1st, on the clinic of Saturday 16th, the appearance of two similar cases being frequently noted in this service.

Case 2. *Club-foot.* An infant about a year old, had club-foot on both sides; the variety being varus combined with pes-equinus. The case had been under treatment for some time, and was progressing favorably. The ordinary club-foot iron as made by Kolbe, the University cutter, had been first employed to overcome the varus, and afterwards a club-foot shoe had been made use of to bring down the heel.

Dr. Smith stated that in his experience, cases of this sort seldom required tenotomy, if the treatment was early commenced and judiciously carried out. When tenotomy was demanded it was more frequently on account of the obstinacy of the pes-equinus than of the varus.

Staphyloma.—Cases 3 and 4 were both cases of Staphyloma in Children. The first a little boy, five years old, had suffered from this affection eleven months. It had followed an acute attack of inflammation. At present

it formed a tumor on the right eye about the size of a marble, over which however, the lids were still able to close. Some conjunctivitis had been present the last few days, in consequence of exposure to cold, and Dr. Smith thought it would be best to reduce this before resorting to an operation, as by so doing the risk of subsequent excessive inflammation would be much diminished. The case would be again presented to be operated upon. The operation will consist in slicing off the tumor and permitting the eye to collapse. A stump will thus be left for the application of an artificial eye.

The second case was an infant eight months old. The staphyloma affected the left eye, the other eye, as in the first case, being sound. A few days after birth this child had suffered from purulent ophthalmia and the staphyloma was the result. It was much smaller than the last, and as it was not the source of any irritation, Dr. Smith thought the operation had better be postponed until the child is older, on account of the difficulty of treating it at present.

OPACITIES OF THE CORNEA.

Case 5. Was an infant ten months old with dense opacities in both corneæ, the result of an attack of purulent ophthalmia shortly after birth. So far as can be judged the child is very nearly quite blind. Little can be done in a case of opacities so dense as these. The effect of stimulating collyria will, however, be tried. Sulphate of cadmium, in the proportion of one grain to the fluid ounce of distilled water, was directed to be used for this purpose, &c.

CATARACT.

Cases 6 & 7.—Were both cases of hard cataract in aged women, who lived in the interior of the state. In one there was well marked amaurosis in the right eye, and the cataract in the left had not yet destroyed sight. As the patient still could see to go about, Dr. Smith declined to operate at present. For as she has but one eye, the other being totally amaurotic, should the inflammation set up by the operation become excessive, as sometimes happens, and destroy the eye, the patient would be in a worse condition than at present. When the cataract has progressed till her sight ceases to be useful, an operation will be proper, and will then be performed.

In the second case the cataract was fully formed in the right eye, but though a cataract was forming in the left, sufficient sight was still left to render it advisable to postpone the operation. Both these cases will probably be presented again to the class in a few months.

SUSPECTED CALCULUS IN A FEMALE CHILD.

Case 8. Was a little girl from the centre of the state of Penna., about five years old who presented all the rational symptoms of stone in the bladder. When she was a year old she had an attack of whooping-cough, and shortly after recovery from this, began to suffer great distress in urination, passing much sand, and frequently after so doing, passing blood. She has spells of violent pain in the region of the bladder, and frequently while urinating the stream is suddenly checked, and not renewed for some time.

Dr. Smith stated that stone in the bladder was comparatively rare in female children, as well as in women, the female urethra permitting the nucleus to escape. Nevertheless the symptoms detailed would justify him in examining the bladder by means of a sound. A sound was accordingly introduced, but failed to touch any stone. As the child struggled violently during the operation this might account for the sound not touching a stone at present. At another time she will be etherized, and a more thorough exploration of the bladder made.

LITHOTOMY SUCCESSFUL IN EIGHT DAYS. URINE PER VIAS NATURALES IN THIRTY-SIX HOURS.

Case 9.—The little boy operated upon, Wednesday, Oct. 13th, for stone, was next exhibited to the class. He had done remarkably well, and the wound had nearly cicatrized by adhesion. Thirty-six hours after the operation, he had passed his urine by the penis. Dr. Smith attributed this favorable result to the fact, that the patient had been carefully prepared for the operation, whilst the after treatment was also carefully attended to, no catheter being introduced into the bladder through the wound as is often done, a proceeding that is very apt to interfere with speedy union of the parts, and long continued, may create a perineal fistula.

Case 10.—*Adipose Tumor.* A young woman aged 27, was next shown, who had a tumor just on the top of her right scapula. It had been growing 4 years, and was a little larger than a man's fist. The skin covering it was healthy, and the tumor was soft, doughy to the touch and quite moveable. Dr. Smith said

that he considered the tumor to be of the adipose variety, and proposed to remove it. The patient being etherized accordingly, two oval incisions were made, and the tumor with a small elliptical flap of skin attached, was dissected out. The edges of the wound were brought together with sutures and adhesive strips, and it was dressed with a cerate cloth and compress, retained by a few turns of a roller bandage.

The tumor on being cut into, was seen to present all the characteristics of adipose growths.

SERO-CYSTIC TUMOR OF THE BREAST.

Case 11.—A young man aged 22 years, has had a large oval tumor in the right pectoral region, for the last five months, the source of which was unknown. The tumor was smooth and firm to the touch, presented no sense of fluctuation, and had been gradually growing since its first appearance.

As this case presented many difficulties in the way of an accurate diagnosis, an exploratory incision was made in the direction of the fibres of the pectoralis major, and after cutting through the skin and muscle, a cyst was found, which being incised, gave exit to a large quantity of a sero-purulent looking fluid.

The cyst was then freely incised, its fluid contents evacuated, and a considerable quantity of fibrinous looking matter removed from its walls.

The wound was then dressed in the same manner as that in the last case, except that a mesh of lint was introduced at its lower angle to facilitate the further discharge of the matter.

The situation of this collection of fluid beneath the pectoralis major of a muscular man and the great distention of the sac, would no doubt account for the total absence of fluctuation. The tumor was so perfectly spherical in its general outline, and so movable, that all who saw it, anticipated that it would prove to be of the adipose variety; whilst the duration, with the absence of all signs of inflammation and of any exciting cause, as a blow or injury, precluded the idea of liquid contents. The masses as well as the liquid were reserved for the further examination of the microscope.

JEFFERSON COLLEGE HOSPITAL.

SATURDAY, Oct. 20th.

Service of Dr. Dickson.

Case 1.—A woman æt. 26, with a severe pain over the eye, causing sickness of the stomach; which, after a time, emits noxious gases. She has had it for the last 24 hours without an interval, and during the whole of the nursing period, two or three times a week. Diagnosis. Paroxysmal neuralgia.

Treatment:—R. Quinia gr. i., and a teaspoonful of rust of iron three times a day.

Case 2.—Man, æt. 35, a painter, oppression in the lower part of the chest, constipation, vomiting and nausea. Difficulty in walking, cramps of the hands, abdomen retracted and tender upon pressure. Tongue furred in the centre and red around the edges. Diagnosis. Lead colic.

Treatment.—Purgatives, calomel gr. x., at night, and pills of aloes and rhubarb in the morning. When the bowels become right, iodide of potassium will be given.

Case 3.—Man, aged 72. Been sick 18 months. Pimples over the face and neck; skin rough, thickened and hard, with tubercles in it.

Treatment.—A long course of arsenical remedies. Liq. pot. arsenit., gtt. v., 3 times a day. Abstain from salt diet.

Case 4.—Child, æt. 14 months. Sick 2 weeks, cutting four double teeth, much pain during fæcal discharges, gums hot, gastric irritation.

Treatment.—A weak solution of carbonate of potassa, with small doses of paregoric.

Case 5.—Man, æt. 41. Sick for a long time; dizziness in the head, nervousness, bowels irregular, tongue thickly furred and slightly swollen, gastric disorder.

Treatment.—Rhubarb, gr. x., carb. of soda, gr. v., to produce a gentle purgative effect.

Service of Dr. Gross.

Case 1.—An old lady, with disease of the mammary glands; she has a large tumor involving the whole of the left gland and the surrounding lymphatics; movable, nipple retracted. This has been present two years, and is remarkably hard. The pain is of a lancinating character. It is scirrhus.

Treatment.—We must not attempt to operate, for it would be certain to return in a short time. Keep her on careful diet, exercise, and employ soothing poultices.

Case 2.—Dr. Gross exhibited a boy æt. 4 years, upon whom he operated, for stone, by the lateral operation.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

WEDNESDAY, OCT. 13.

Dr. Mayburry, V. P., Presiding.

PATHOLOGY AND TREATMENT OF SUN-STROKE.

Dr. J. J. LEVICK opened the discussion by reading an interesting and valuable paper, collated from various Journals, etc., and presenting a complete account of his cases at the Pennsylvania Hospital. He considered bloodletting dangerous in the majority of cases, and had recourse to stimulants, etc. [We regret much our inability to present his paper to our readers, as has been our usual custom in these reports; but, in consequence of Dr. L. having previously published some remarks on this subject in the *American Journal of Medical Sciences*, he desired to have this appear in the same Journal. Our readers may, therefore, find it in the next number of that Journal.—EDS.] The following discussion ensued:—

Dr. T. HEWSON BACHE had examined the bodies of three persons who died from sunstroke in the summer of 1853, and had hoped to have made more observations. In the first, he noticed that the *aorta* was much colored, and why he could not tell. He passed it by, as not being peculiar to the pathology of this disease. The heart was of firm texture, and by no means softened, as was affirmed by some writers. He noticed the same in both of the other cases. The blood was examined by several persons. He thought that he saw a decided change in it. There was no tendency to piling of the corpuscles, like coins in a roll. The white corpuscles were present to a larger amount. In examining the aorta by the microscope, little red spots were noticed on the surface; with a higher power, it presented a red amorphous mass. He obtained from these examinations the impression that the blood was altered, either by the heat, or from the great loss of fluid by perspiration. In all, the only abnormal appearance in the brain was congestion. All had alteration of the spleen; it was not as heavily loaded with white corpuscles as usual. He had been inclined to think that there might be a disintegration of the red corpuscles, as we know this may be produced out of the body, thus increasing the number of the white.

Dr. JEWELL asked Dr. L. concerning a case of a woman, who had been taken into the hospital in July.

Dr. LEVICK remembered it, and thought it not a well marked case of sun-stroke. She was subject to hysterical attacks, and it seemed that she had been much fatigued prior to this attack. She soon recovered her consciousness.

Dr. JEWELL said that, as he was the family physician, by their request he visited her the day following her attack, she having been removed to her residence. She was a remarkably healthy girl, and he thought Dr. L. must be mistaken in the person from the description he had presented. She was cupped freely, without restoring consciousness. Next morning, she was aroused by a young man coming into the house, and then she had a violent hysterical paroxysm. She relapsed into unconsciousness, and remained so about eight days, occasionally starting in violent paroxysms. As the family were anxious concerning her, Dr. Tiedeman was called in consultation; and by his advice the hot bath was used, but without a favorable result. Her neck was blistered; turpentine injections were administered; aromatic spirits of ammonia and tinc. of valerian were given internally. He considered it a case of nervous exhaustion. Whilst many, he believed, had been sacrificed by bleeding, yet he was unwilling to abandon the lancet in all cases. In China, in 1822, he saw a number of cases of sun-stroke among the sailors who were working on shipboard, without sheds or awnings spread over the deck to protect them from the hot sun; they would fall suddenly, and as the English practitioners bled them, he imitated their example, and with some success. Dr. L. overlooked, in his interesting paper, the phrenitis which accompanied the disease, in the armies of India particularly. The soldiers, when attacked, act as though in battle, and they were obliged to be restrained: in these cases, bleeding is resorted to with benefit.

Dr. Levick asked if these symptoms occur immediately, or whether they were included in the after results?

Dr. Jewell thought they occurred almost instantaneously.

Dr. Remington thought it very likely that these different views depended upon the different stages in which the disease presented itself to the practitioner. At the commencement, the loss of blood was useful; as in almost every case, there was, he apprehended, more or less congestion of the brain. We know well, the depressing influence of heat. He remembered several cases that occurred in his practice, all of which proved fatal. He believed, however, that sometimes cold water

cases, that is, an attack of insensibility, &c., resulting from too free use of cold water when over heated, were confounded with sun stroke. These are very different cases. In 1826, he had a number, all of which recovered. These cases occur generally in foreigners, Irish and Germans, engaged in laboring work under the scorching rays of a summer's sun. They dressed with woollen clothes, used whisky and raw onions to a great extent, and he thought these articles had the effect to produce intense thirst, to relieve which, they drank freely of cold pump water, and violent cramps and spasms in the stomach immediately ensued.

In sun stroke, we do not have these symptoms, and hence, the diagnosis is easily made.

The pain endured under these circumstances, being described by the patient, as intensely agonizing; such as might result from having swallowed so much melted lead. The treatment consisted mainly in giving stimulants of brandy and water, camphor and laudanum, sinapisms to the epigastrium, &c. He thought the lancet of benefit in the first stage of sun-stroke.

Dr. T. H. Bache said there would always be a difficulty on account of the difference between *heat* stroke and *sun* stroke. Dr. Gerhard called the mild cases, heat stroke. In the Pennsylvania Hospital, Dr. Bache had found 14 cases, which he divided into two classes according to their symptoms. When they were merely depressed, they were not the same as when suddenly stricken down. Of 7 cases of sun-stroke, according to this view, 6 died, and all in convulsions. When such cases do recover, they do so rapidly. He mentioned the case of a young man who, on a very hot day, had been much excited in the course of the day, and on going into the house, he fell in convulsions. The stimulating treatment was employed; sinapisms to the extremities, cold to the head, and in 2½ hours he began to be better. In about 3 hours, when Dr. B. saw him again, he had relapsed; the pulse was different; as before, he could hardly feel it. He was cupped freely on the temples and back of the head, and was relieved. Ten grains of calomel were then given him. Again the convulsions returned; again he was cupped; then he began to improve and soon got well. After that, he had no return, nor any trouble with the brain.

Dr. Levick did not doubt, as he had already stated, that cases of meningitis might occur as a direct result of exposure to heat, and as a secondary result of sun-stroke.

A case of this latter kind was mentioned by him to the College of Physicians; that of a lad employed on a canal boat, who, after prolonged exposure to the sun, was seized with convulsions, and two days or more having elapsed without treatment, was brought to the hospital with symptoms of meningitis, which was prescribed for in the usual manner. After death there was found extensive inflammation at the base of the brain.

In reference to the cases mentioned in which recovery took place after free bleeding and the administration of ammonia and brandy, Dr. L. thought it would hardly be fair to exclude the latter part of the treatment from at least an important share in producing the favorable result.

While by no means prepared to say that there might not be cases of insolation in which bleeding would be useful, it had never occurred to him to witness such. Judging by the cases he had seen, it was difficult for him to conceive what were the indications for bleeding presented in sun-stroke. The mere fact of the existence of congestions, as of the lungs or of the brain, which, if they existed at all, were of the passive kind, certainly did not afford the indication in question. It was the more correct view now taken of the pathological condition of the congestive fever of our Southern States, which had converted a fearfully fatal disease into a comparatively tractable one. Now, instead of relying on bleeding to remove the congestion, stimulants are given to remedy the cause producing the congestion, to be found in the deranged or depressed condition of the nerve forces. So too with reference to the pulse, every one who had watched a case of poisoning by opium, would remember how the pulse would seem to demand bleeding; and yet, how rarely would it be proper to open a vein in such cases! Dr. Dowler's "solar asphyxia" might present other indications, but as we generally see it here, bleeding is not called for in sun-stroke. *Adjourned.*

Editorial.

SANITARY LEGISLATION.

THERE is scarcely anything that is so gingerly handled by our legislative bodies, State and municipal, as the subject of sanitary legislation, and no subject on which they so frequently stultify their own action. Several years ago, the Massachusetts legislature appointed an able commission to draw up a code of sanitary laws, which it was supposed were intended for enactment. The committee made an able report, which is worthy a place in every legislator's and medical man's library, and, thus far,—unfortunately for Massachusetts, and for the general interests of sanitary legislation,—that report has resulted in no practical good.

New York has been for some years past undergoing the most violent throes of labor over a sanitary police system for the city of New York, but have failed, so far, to produce even an abortion. It has proved to be a most violent case of physometra! In fact, sanitary legislation of any practical, useful kind, for the city of New York, seems to be a problem far beyond the ability of her legislators to solve; and no efforts of her medical men, however well directed, can serve to arouse the authorities to the importance of the subject.

A few months ago, an illustrated newspaper undertook to expose the abominations of the swill milk trade in that city. Councils appointed a commission to examine into the subject, who, after annoying the medical profession for their testimony in relation thereto, white-washed the filthy stables, the diseased animals, and their own report, and wound up their labors by bringing a suit against the unfortunate newspaper editor who had dared to call in question the nutritive and cleanly properties of swill-milk. We congratulate the medical witnesses that they escaped the annoyance of prosecutions on account of their testimony!

Then came the quarantine incendiarism,—and another batch of medical men are dragged to the witness-stand, and hecatombs of medical testimony are sacrificed to lay the ghost of yellow jack, and befog the judges with learned testimony, until they forget what cause they are trying. The end of this farce is loss of valuable time to the medical men, a *carte blanche* to the incendiarists, and to the State,—a bill of expenses as long as a president's message.

And now another rôle of medical witnesses are on the rack before a Committee of the Senate of that State, on the sanitary condition of New York city. Now we have no objection to medical men being called to the witness-stand on subjects involving the public health. It is eminently proper that they should be, but it is high time that their testimony and recommendations were heeded.

There is scarcely any branch of legislation in which we are so behind the times as this, as evidence of which we give the following tabular statement, furnished by Dr. John H. Griscom to the committee last named above:—

Population of New York by last census, (1855,) - - - - -	629,810
Population of London by last census, (Nearly four times as great.) -	2,362,236
Mortality of New York in 1857, -	23,196
If the mortality of London bore the same proportion to New York as it does to its population, it would have been (in 1857) - - - - -	92,784
But it was only - - -	56,786
A saving of lives over the New York rate of nearly - - - - -	45,998

This statement of Dr. Griscom is closely allied to the fact of a better hygiene police in the thirty-two districts into which London is sub-divided, each under the supervision of a medical inspector, and the whole under the eye of a medical city inspector.

When will Pennsylvania awake to a realization of the fact that her citizens have health, which is liable to abuse as well as property, and which requires the protection of a just and rational code of sanitary laws? And when will the legislators of all our States lay aside their political scheming long enough to turn their attention to the subject of the health of their constituents?

THE MEDICAL SCHOOLS OF NEW YORK.

On Monday, the 18th inst., Bellevue Hospital, New York, was opened for medical instruction, for the winter session. It was done in the regular New York way—with a flourish. The venerable Dr. John W. Francis gave the introductory lecture, which was retrospective in its character.

The exercises were wound up by some "capital operations" by Dr. James R. Wood. The first operation was for the removal of a portion of the lower jaw of a young woman for necrosis, caused by the fumes of phosphorus in the manufacture of lucifer matches. The second operation was the removal of the superior maxillary bone and portions of the malar bone and orbital plate of the frontal bone for necrosis, from the same cause. From the standing and well known skill of the surgeon, it is unnecessary to say that the operations were well performed.

Two or three questions occur to us. While we would be sorry to see quite as much flourish as our New York brethren are prone to in setting forth their advantages for medical instruction, could we not profitably—would it not be expedient for Philadelphia to make a little more of her advantages than she does?

Again: are there not lucifer match manufactories in Philadelphia? If so, why do we not have more of these cases of necrosis of the jaw from the vapors of phosphorus? Why should New York have so many, and we so few? We simply ask for information. Perhaps "sea-air" has something to do with it. We know it is very potent for some things!

On the evening of the same day, Willard Parker, M. D., delivered the introductory (*one*, instead of *seven*, as with us,) to the course of lectures in the College of Physicians and Surgeons. His theme was: "The Progress of the Science of Medicine and its Influences." At the same time the degree was conferred on nineteen graduates.

On the same evening the introductory to the course of lectures, in the University Medical College, was given by Alfred C. Post, M. D., his theme being "The Triumph of Mind over Matter." He claimed that of the five great practical ideas which science has developed during the present age, four are of American origin, and that three of them had their birth in New York.

On Tuesday evening, the 19th, R. Ogden Doremus, M. D., gave the introductory to the annual course in New York Medical College.

INTERNATIONAL COPYRIGHT LAW.

We learn from the editorial correspondence of *The New York Times*, that an International Copyright convention met in Brussels, on the 27th of September. Prominent authors and publishers to the number of 200 or more, were present from various countries of Europe, England and the United States being, in point of numbers, very poorly represented. The project of the convention originated in Belgium, and the business was prepared and managed principally by Belgian and French delegates. The convention was divided into five sections which met at nine o'clock each morning, and reported the result of their labours to the general convention at one o'clock. The whole business of the convention had previously been set forth in a series of questions, covering the whole subject, and these were divided into five sections, one of which was referred to each of the sections into which the convention was formed. At the general convention, the action of each section was discussed, and either, ratified, modified, or annulled, as the case might be. The debates were animated and interesting, and the general results seemed to give satisfaction. A portion of the convention maintained the *perpetual* right of an author in the product of his intellectual labor, but this was modified by adopting the recommendation that his claim be limited to *fifty years*, being a longer period than is allowed by the laws of any nation now.

The following are the recommendations of the convention.

1. The right of an author in his works should extend to *fifty years* after his death.

2. International admission of the right of literary and artistic copyright, with or without reciprocity.

3. The establishment of a uniform law, that protection to the product of intellect may be universal.

4. Complete equity between native and foreign authors.

5. A simplification of the formalities required for an author to publish his work in a foreign country, that is to say that the fact of his having complied with the requirement in his own country shall be sufficient.

6. Dramatic works, musical compositions, works of design, painting, sculpture, architecture and engraving, to be placed on the same footing, as regards copyright, as works of literature.

7. An author's or composer's control over the representation, performance or translation of his works.

8. An abolition, or, at least, a reduction of customs dues on all works of genius.

ABOUT PRINTING.

Although it will make little difference five years hence that our fourth number came out a week after time, it may be best to state briefly why it was.

The printing of our weekly was first undertaken by a firm who found, by the time the third number was issued, that they had undertaken what they had not the facilities to accomplish, and they found it necessary to relinquish it, in consequence of which a new arrangement had to be made. This, with the time required to adapt material to a new work, with some other unlooked for hinderances, caused the delay. But the printers have succeeded so well in putting a new face on our enterprise, that we feel sure our readers will be easily reconciled to a delay that has made so favorable a change. Our printers now have every facility for a prompt execution of their portion of the work, and they promise punctuality hereafter. We shall exact it of them.

Medical News.

MARRIAGES.

COLE—BERRY—At Newark, N. J., on Tuesday, Oct. 26th, by Rev. J. W. Shackleford, Miss Maggie E., daughter of the late George Cole, M. D., of Madison, N. J., to Wm. D. Berry, Esq., of Chicago, Illinois.

ROBERTS—SOUTH—In this city, on Tuesday, Oct. 19th, by Wm. Bacon Stevens, D. D., David Roberts, M. D., to Miss Emma M. South, all of this city.

ROSMAN—ASHMEAD—On the 28th inst., by Rev. W. H. Odenheimer, D. D., Dr. John Gaul Rosman, of Brooklyn, N. Y., to Elizabeth L., daughter of the late John Ashmead, of this city.

DEATHS.

ELLIOT—In New York, on Monday, Oct. 25th, Mary, wife of Dr. James W. Elliott, aged 40.

MINER—At Wilkesbarre, Pa., on Thursday, Oct. 21st, Thos. Wright Miner, M. D.

WILLS—On Monday, 25th inst., near Cecilton, Cecil Co., Md., ANNE, wife of Dr. S. E. Wills.

The medical students of this city have petitioned the Board of Guardians of the poor for the re-opening of the hospital department of Blockley almshouse for the purposes of Clinical Instruction.

Drs. Paul B. Goddard and W. H. Pancoast, have been elected by the Medical Board of Charity Hospital, as Surgeons of that institution.

As far as we can judge from appearances, there is a larger number of students at the various medical colleges of this city, than have been in attendance for several years.

ERRATUM.—An error occurred in the University college Hospital report last week, which should be corrected. On p. 69, second column, fifth line from top, read as follows:—"Three-quarters of an inch in length, five-eighths in breadth, and about half an inch in thickness."

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 107. PHILADELPHIA, NOVEMBER 5, 1858. NEW SERIES, VOL. I. NO. 6.

Original Communications.

ON BELLADONNA IN GLANDULAR AFFECTIONS.

BY D. W. FOSTER, M. D.,
Of Big Bend, Louisiana.

I WILL give the result of my trials with belladonna in some glandular affections.

Mrs. L. E. had been for several weeks troubled with a constant discharge of pus and milk through a fistulous opening in one breast, which had been inflamed and lanced. I advised ext. belladonna to the areola; but she applied it over the whole breast, and in a week the secretion of milk was arrested in that breast, and the orifice soon healed up.

Milly, a negress, suffered her breast to inflame beyond the stage of resolution before she reported her case to me. However, I ordered ext. belladonna applied freely. But it only had the effect of relieving the pain, and promoting a free flow of milk from the galactophorous tubes, that had not been so long engorged, even without suction. But the tubes ought to be entirely emptied of milk by suction always. Had the belladonna been applied earlier in this case, I presume it would have relaxed the tubes involved, and promoted a free discharge of the accumulation within them; and the inflammation would have thus been readily discussed.

Mrs. F. D's. case was similar to that of Mrs. L. E., reported above. I advised the ext. belladonna to the areola. But in her case it only had the effect of causing a free flow of milk even without suction, and did not arrest the secretion. She may not have applied it extensively enough, or persevered long enough.

Mrs. F. was threatened, soon after the milk had become abundantly secreted, with milk abscess,—breast hard, red, painful, rigor, followed by fever. I gave nauseating doses of ant. et pot. tart. with magnes. sulph., and pushed them until emesis and catharsis were produced; had the ext. belladonna applied, and warm poultice laid on over that, and very soon the milk tubes relaxed, the milk was easily drawn out, the pain relieved, and the tenderness and fever gone. A few weeks afterwards she was threatened with the same symptoms in the other breast, and was as promptly relieved by the same treatment.

Mary, a negress, was threatened with inflamed breast, of which I was duly apprized. I ordered the treatment given above in the case of Mrs. F., with the same result. Not long afterwards the same negress suffered the inflammatory engorgement to continue until it was too late to arrest it, before she reported it to me. The abscess was opened, but belladonna did not arrest the secretion of milk. Possibly the application was not persevered in long enough.

Thus it will be seen, that although it appears to be an excellent remedy to relax the milk tubes and promote the free flow of milk, even without suction, (though suction should always be resorted to,) it will not always arrest the secretion of milk—or did not in my hands.

Perhaps it was not used as freely and as long as necessary.

Reasoning from analogy, I concluded to apply the ext. belladonna to a very painful and angrily inflamed lymphatic gland in the groin, caused from my saddle rubbing and irritating a boil just above my knee. The extract was applied at night. I visited a patient, and was up with him all night, and yet the next morning the inflammatory symptoms had disappeared, and I was not troubled with any more inconvenience. At another time, having freely applied ferri sulph. exsiccat. on an eruption on my hand resembling tetter, (which I have never been able to cure with anything else,) and the irritation from the part having travelled up along the lymphatics to the glands in the axilla, and produced great pain, swelling, redness, etc., I applied the extract of belladonna freely, and all inflammatory symptoms soon passed away.

I would like very much if physicians would be more simple—less compound, in their prescriptions. Then they could observe, study, compare the different effects of different medicines in the same and in different diseases, and arrive at more definite and satisfactory conclusions. If all physicians would thus prove the therapeutical effects of remedies, and make known their unbiassed experience, we would progress faster and more safely.

Truth, in its simplicity and purity, is what we all want. Then let us be unprejudiced and patient in all our investigations of diseases and their remedies, and let the experience of every honest and competent investigator be added to the sum total of medical experience; then let the profession examine and weigh the evidence impartially, and decide more correctly.

Let no physician so far forget the dignity of the profession, or the serious responsibilities resting upon himself, as to unfairly report in favor of a pet theory of his own, or against the favorite theory of another, for in so doing he may mislead other physicians to the injury, the ruin or the death of many clients, and the discredit of our noble profession.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

SATURDAY, OCT. 23D.

Service of Dr. Gerhard.

DISEASES OF THE HEART.

These are common to both sexes, and are viewed favorably or unfavorably, as they are organic or functional. The use of tobacco, strong drinks, coffee, and many other articles, will cause palpitations. The organic affections may result from several causes: thus, they may be the result, directly or indirectly, of inflammation; the development of endo-carditis, which is an inflammation of the lining membrane of the heart, producing thickening of the valves, from the plasma poured out. Then they may result from pericarditis, an inflammation of the investing membrane of the heart, and resulting in an effusion of lymph, serum, and finally pus, if it continues. From the chronic affection of the heart, as an after result, we may have the lymph remaining as a permanent increase of the thickness of the walls, or a change of structure, as a contraction of the valves. Hypertrophy and dilatation may result also directly from inflammation. This occurs in a twofold manner. Thus, inflammation may produce an accumulation of blood in the part, and from this mechanical impediment, the heart by its efforts is enlarged by the muscular exertion thus induced; and next from the mere accumulation of plastic matter here, enlarging the heart. We may also have hypertrophy, and yet no disease of the valves; but these become affected secondarily after a time, and hence we infer that when one is present we have the other. They hold the relation of cause and effect; thus disease of the valves may produce hypertrophy, and hypertrophy may produce valvular disease. Then, in old persons we have a deposit of cartilage in the structure of the heart and vessels, afterwards becoming osseous; this is generally to a small extent, but it may cause sudden death. Then we often have aneurism of the aorta, as a result of the hypertrophy. He then showed some cases as illustrative of his remarks.

Case 1. A man, æt. 46. A waterman. Very regular in his habits. He was taken with palpitation about a year ago. Dr. G. remarked, that in the examination of patients we should carefully avoid all leading questions, otherwise we are liable to be misled by the patient.

This patient is compelled often to sit down

suddenly, from a pressure at the chest, and giddiness. He has a little wandering pain in the breast; it is a frequent occurrence that we have pain at the epigastrium, but it is not usually a violent pain, as organic alterations are not generally painful. We find the chest tolerably well formed; on the right side, it is a little more prominent. We have, on percussion, a clear sound on this side, but with a little dullness at the apex. On the left, it is duller below than above, with a flat sound over the heart, greater than in health, extending to a great distance. On ausculting, we hear a double bellows sound, approaching a rasping sound. We may, in fact, consider all sounds as bellows sounds, which differ in intensity. This sound is also found very perfectly at the arch of the aorta; though differing from that of the heart, which has muscular intonation from its own action. We notice a strong pulsation in the neck, and a turgescence of the jugular vein; though there is no pulsation of it here, we sometimes have it showing pulsation; we have also a thrilling movement of the veins, when we press them; all these symptoms are the result of aneurism. He has occasionally a congestion of the lungs, on account of the impeded circulation, and this must be relieved by rest, cups, and stimulants applied to the chest. We will put him on the use of digitalis gr. j, ext. valerian, f℥j, three times a day. The impulse and the other symptoms show that he has hypertrophy. Can he get well? Our answer can only be in the negative. We can relieve him much, and he may, with care, live a long time, but he is liable to die suddenly.

Case 2. A woman, aged 56; been in the hospital 17 months, and during that time the aneurism of the aorta, under which she is laboring, has not much increased. She has slight œdema of the limbs, as a result of the heart affection; this may occur at any stage of the disease. She is short breathed, and has from time to time congestion of the lungs, coughing, and oppression, which disappear after a while. The thrill of the pulse is not decided; this results only from an impeded motion of the blood, and there is none in this case. If the tumor of the aneurism pressed on the aorta so as to impede the flow, the pulse would be small, but here we have it hard and full. In examining the chest, we should not strip the patient if we can help it, and especially if we are examining a female. We have also dullness of the chest on percussion, and this extends over the lower part of the chest, from the presence of fluid in the pleura. On this account auscultation gives but a slight sound of the heart. We have a double rasping sound at the semilunar valves, and a single one at the mitral; from these sounds we infer the presence of disease at these valves, and a moderate degree of hypertrophy. This patient would have died long ago, if she had been out of the hospital. She has been using sedatives, as digitalis and aconite, with diuretics.

Case 3. A man, also with a slight aneurismal disease. He has had palpitation five months. Dr. G. remarked that the idea adopted by some, that we can diagnosticate heart disease by the physiognomy is incorrect, as may be noticed in these cases: nothing peculiar presenting in any of them. Eight months ago he had an attack of acute inflammation from falling into a ship's hold. The same diagnostic marks, though to a much slighter extent, were here noticed, as in the other cases. He has, in conjunction with the cardiac affection, a slight bronchitis. We will give him,

℞. Morphia, gr. ss.
Water, f℥ss., with
Squills and lobelia, āā f℥j.

We may increase the morphia, or substitute paregoric if necessary. Digitalis will not be used, as the action of the heart does not require it. Apply a warming plaster to the chest.

Case 4. Black man, aged 21. Palpitation for four months. Had rheumatism first, and this is one of its sequelæ. He has strong and thrilling pulsation; dullness over a considerable portion of the chest, and pulsation at the epigastrium. We have here hypertrophy, and valvular disease. There is also dilatation of the heart, which is known by the intonation of its sounds.

We must put him at rest for a time, and he may get well. Employ digitalis, in doses of 15 drops of the tincture with fluid extract of valerian, f℥j, three times a day; and employ counter-irritation to the chest. He must abstain from all stimulating food or drinks.

Service of Dr. Norris.

GUN-SHOT WOUNDS.

Case 1. A man with a gun-shot wound in the hand. The thumb was amputated, and is now doing well. It was dressed with lint, cerate, and a splint, reaching to the elbow.

Case 2. A boy, with a laceration of the left hand, for which the forefinger was amputated at the metacarpal articulation, and dressed as

above. The splint is of importance to support the parts, and prevents the use of the hand, and subsequent inflammation.

Case 3. A man, who came in on Wednesday, from the effects of being shot in the face from a pistol. He will lose the greater portion of the lower lip, which is now sloughing, and may require a plastic operation.

A shot has entered the ball of the right eye, and he could not see at first. At present he sees better, but very indistinctly. Continue the poultice till the sloughing ceases, then bring the parts together.

DISLOCATION OF THE SHOULDER.

A man who entered this morning from the effects of a fall. The left arm is very painful from the head of the humerus being in the axilla. He cannot bring the elbow to the side of the body, and this is a characteristic mark. We find a depression beneath the acromion process. The only accident with which we can confound this, is fracture of the humerus high up; but in that accident we can always bring the elbow to the side, and we have crepitus, and no pain when bending the arm.

We shall try to reduce it.

Reduction was attempted by the usual methods, but failed until ether was given, when it was readily effected.

WEDNESDAY, OCT. 27.

Service of Dr. Gerhard.

LARYNGITIS.

This affection as often accompanying phthisis, is important. If the disease is chronic, it is very likely that it is connected with phthisis, and if there is aphonia the probability is increased. These circumstances will aid us in making a diagnosis.

A man aged about 25. Voice suppressed. This indicates disturbance of the vocal organs. This difficulty began about six months ago. He had a cough about three or four months before the aphonia commenced. He has been completely aphonic for five or six weeks, has had pain during that time, and is growing worse. About two years ago, he spit a slight quantity of blood after an attack of typhoid fever. Ten months ago a slight cough commenced, with which he has been troubled ever since. There is difficulty of swallowing from ulceration of the epiglottis. We find, on percussion, that there is dullness at the upper portion of the left lung, while the right lung is clear. The respiration on the left side is a little rough, with a crackling sound. On the right, respiration is nearly natural, though a little rude. At the back respiration is rude, the vesicular murmur being rather feeble. On examining the internal structures, we find inflammation of the pharynx and larynx. There is not much pain on pressure externally. He has some pain in the ear from transmission of pain along the Eustachian tube. This is often the case. The tubercular disorder is less marked in this case than usual.

Treatment.—We may do something towards arresting the inflammation; but it is very difficult to cure these cases. We will have him chew slippery-elm bark for its mucilaginous qualities. We will touch the parts also with nitrate of silver. We might pass a sponge on a probang, charged with nitrate of silver, into the larynx, as it is perfectly possible to do it; but he never saw any decided good result from it. Externally, a blister might be applied over the parts; but he does not often use them in these cases, as they are of questionable use. At most, a mustard poultice will be all that will be required as a counter-irritant. The tubercular symptoms are to be combated in the usual manner, by the use of cod-liver oil, tonics, etc. *Small* blisters two inches square are to be applied under the left clavicle. In applying the solution of nitrate of silver to the throat, it must be of the strength of forty grains to the ounce of water. It will not do much good if of a less strength, and will be hurtful if stronger.

TONSILLITIS WITH PHARYNGITIS.

A woman, aged about 30, was brought in. Her throat is swollen. The other day she could scarcely articulate at all; but you perceive that she speaks now tolerably plainly, though there is still considerable huskiness of the voice. There was, at first, great difficulty in deglutition. This affection first came on last Monday week. She says she is not conscious of having taken cold, which, by the way, is a very good answer, for most patients will waste your time in tracing their diseases to obscure causes, which often have no connection with them. Her disease began with pain in the ear. For two days before entering the hospital she could not swallow at all. When she came in, the marked symptoms were swelling of the tonsils, inflammation of the pharynx, and suppression of the voice.

Treatment.—She first had a blister applied over the throat, then the suppurated tonsils were lanced. This is not often necessary, as they will generally burst of themselves. There was not sufficient fever to call for the use of diaphoretics. She then had a saline cathartic, and was kept on low diet for a few days. Bleeding is not adapted to these cases. It does not often do good. If there is no congestion of the brain it is entirely unnecessary. The principles of treatment are, first, the use of mucilaginous drinks, astringent gargles, as alum, etc., saline cathartics, then, if necessary, favor suppuration by the use of warm poultices. We will now apply to her throat a solution of nitrate of silver, 40 grs. to the ounce of water, and give her a little salts or a Seidlitz powder. There is not the slightest evidence of tubercular disorder in this case.

BRAIN DISEASE.

Case 1st. A woman, aged 52. You perceive she has no excess of fat. Has had brain disease slowly developing itself for about a year. She has had slight paralysis for some time. About ten days since she had mental disturbance. (He puts leading questions now, in order to save time, but such questions should always be avoided.) She complained of dullness, sleepiness, a distressed feeling, slight headache. She first had slight paralysis in her right arm, and then in her right leg. She has had no pain in the head since. The right arm is now paralyzed, and the left also very slightly, showing that there is slight effusion on the right side of the head. There is some distortion of countenance, the muscles of the face being drawn toward the *left* side. The speech is but little affected, though there is slight huskiness of the voice. The tongue is slightly red, but is not coated. She has had debility for a year, but paralysis came on suddenly. The rule you will find laid down in the books in these cases, is the abstraction of blood. But you must be cautious about following any rule. Be guided by the symptoms in each case. There are two varieties of paralysis, one from congestion, and one from direct hemorrhage. Bleeding sometimes does a great deal of good, and it may be general, from the arm, or local, by means of cups, leeches, etc., or blisters may be applied, or in some cases all these means may be employed. In the case before us we will have a blister applied to the back of the neck, let the patient have a mild diet, and see that her bowels are kept regular. There is no evidence of softening in this case.

Case 2d. A man, aged about 50. He lately arrived in this country by steamer from Hamburg. On board vessel he had bad diet, and very little of that. You perceive that the power of motion is very much impaired on the left side. He says that a few days after landing he had giddiness, for which he took a dose of salts, and then resumed his usual course. Lives temperately. Soon afterward, he came to this city. One night he went to bed apparently well, came down in the morning at 8, felt giddy, went to bed again, and at 10 found that his left side was paralyzed. Hemorrhage had taken place very gradually into the right side of the brain. In most cases the hemorrhage is sudden. You perceive that there is the characteristic distortion of countenance from paralysis of the muscles of the left side. Hemorrhage on the brain usually occurs after the age of 50, and is generally the result of a change in the condition of the blood-vessels, there being a disproportion in the amount of their animal and earthy constituents, the former being diminished.

If this man had come in early, we should have bled and purged him freely, and he would very likely have escaped this hemorrhage. He *was* bled before he came into the house, and has been cupped since, and purged, and kept on a mild, unirritating diet, the object being to diminish the amount of red blood, and to retard its further formation.

Service of Dr. Norris.

FRACTURE OF THE HUMERUS AND RADIUS.

A man, aged about 40, was brought in. He came into the house about an hour ago, having fallen from the new cathedral, a distance of 60 or 70 feet. He has a compound, comminuted fracture of the humerus of the left side, just above the condyles, and no doubt extending into the elbow joint. The tendon of the triceps muscle is ruptured. There is also a simple fracture of the radius of the same side. We do not find that there is serious injury of the body. There is a severe contusion over the eye, but the bone seems to be uninjured. The patient is now laboring under nervous shock, from which he is, however, slowly recovering. His pulse was 130, and feeble; it is still feeble. Stimulants were given. For the present, we can do nothing but bring the sides of the wound together, dress with dry lint, and support it on an angular splint until

a consultation can be held. It is a rule of this house—and it is a good rule—that no capital operation can be performed unless the case is an urgent one, and an operation is required to save life, without a consultation of all the surgeons of the house. Such a consultation will be held at 4 o'clock this afternoon, and the probability is that, on account of the injury to the elbow-joint, it will be thought best to take off the arm. Amputation should never be performed until the patient recovers from the shock. If it is, the operation will add to the shock.

A BURN CAUSED BY NITRIC ACID.

A man, aged about 40, was brought in, who had received a burn from nitric acid on the inside of the left thigh, and on his left arm and both hands. The burn on the thigh is extensive, and considerable slough will probably come away. If the tissues should be destroyed to any great depth, there will be danger of sudden and alarming hemorrhage from the femoral vessels which lie beneath the burn. There is but little pain from the burn on the thigh, because the superficial tissues are completely destroyed. The superficial burn on the arm is much more painful. When the slough on the thigh begins to separate, there will be pain.

The linimentum calcis, consisting of equal parts of linseed oil and lime-water, was applied immediately on his coming into the house, and yesterday a poultice was applied to the burn on the thigh, with the view of hastening the separation of the slough. No class of accidents cause more suffering than burns, and even superficial burns are often very dangerous. If half the body is burned superficially there is always danger; and if two-thirds of it, recovery is hardly possible. The linimentum calcis is a good local application, and it is often necessary to give opium freely.

Several other cases were shown of various forms of injury, and the dressings applied; but they were not of sufficient importance to report.

UNIVERSITY COLLEGE HOSPITAL.

SATURDAY, OCTOBER 23D.

Service of Dr. Henry H. Smith.

DOUBLE CLUB-FOOT.

Case 1. A child, seven months old, had pes equinus combined with varus; both feet being equally affected. Dr. Smith stated that in such cases it is his practice to commence the treatment by overcoming the varus. For this purpose an adjusting splint is used, (the ordinary club-foot iron as manufactured by Mr. Kolbe, of Ninth Street,) the application of which is continued until the foot is brought to its natural line, as happens when the treatment is commenced early, in a few months. The varus being overcome, an adjusting shoe is used to bring down the heel; or if the contraction is very great, or difficult to overcome, tenotomy is resorted to, and the tendo-Achillis divided, after which the heel is readily brought down, and the foot retained in a proper position by means of the shoe. The plan of treatment thus sketched will be resorted to in this case.

NÆVUS OF THE CHEEK.

Case 2. A boy, 15 months old, presented a prominent nævus, an inch in diameter, upon the right cheek. It was first noticed the fourth day after birth, and has been steadily increasing in size up to the present time. These growths consist entirely of blood-vessels held together by areolar tissue; they are not malignant, but may attain considerable size, when, in consequence of over-distention, they may rupture, and prove troublesome, or even fatal, from hemorrhage.

Of all the modes of treatment which had been suggested, Dr. Smith preferred extirpation when the situation of the growth rendered it practical. Hemorrhage, as a general rule, need not be dreaded, provided the surgeon carries his incisions outside of the nævus, and does not cut into it; most frequently the growth is supplied by a single large vessel which requires ligation. The operation will be performed, in this case, at an early period.

OCCLUSION OF THE VULVA.

Case 3. A little girl, 8 months old, had suffered, some months ago, from an inflammation of the mucous membrane of the labia and orifice of the vagina, which, being left by the parents without treatment, had resulted in the adhesion of the opposing surfaces, and the closure of the orifice of the vagina, as well as the fissure of the vulva. The adhesion, however, was apparently slight, and would probably give way on the pressure of a blunt probe. On making the attempt this was found to be the case, and a mesh of lint, anointed with cerate, was introduced for the purpose of preventing reunion.

STONE IN THE BLADDER.

The click of the sound made audible to a large class by a sounding-board attached to the sound.

Case 4. The boy who was exhibited on Wednesday, Oct. 13th, suffering under the rational symptoms of stone in the bladder, but who was not sounded on account of his temporary indisposition, was next brought before the class. Having been etherized, a sound was introduced and the stone felt, when Dr. Smith proceeded to attach to the handle of the sound a wooden sounding-board, by means of which the click was so increased in intensity as to be rendered distinctly audible to all who were present in the amphitheatre.

The operation of lithotomy will be performed upon this patient at an early date.

AFTER TREATMENT OF LITHOTOMY.

Case 5. The boy on whom lithotomy was performed last Saturday, was brought into the room to be exhibited to the class prior to his return home. The favorable progress of this case has been noted in a former number; he is now discharged cured, the wound being completely cicatrized in 8 days.

CHRONIC INFLAMMATION OF THE BLADDER IN A FEMALE CHILD GIVING RISE TO SYMPTOMS RESEMBLING THOSE OF STONE.

Case 6. The little girl, who was sounded last day unsuccessfully, was now brought forward for the purpose of a thorough examination. Having been etherized, a sound was introduced, when, after careful examination, no stone could be felt. Her urine, which has been examined microscopically by Dr. Woodward, contained large numbers of pus corpuscles, and there is probably a certain amount of chronic inflammatory action in the mucous membrane of the bladder, which is the origin of the symptoms. This case will be made the subject of further investigation.

FUNGOUS GRANULATIONS SIMULATING EPULIS.

Case 7. A little girl, aged 8 years, having had the deciduous canine of the left side of the upper jaw extracted, fungous granulations have freely sprouted up, and not being interfered with, have formed a smooth, round, oval tumor, twice the size of a pea, which might be mistaken for an epulis. The growth was shaved off on a level with the gum.

LARGE FATTY TUMOR OF THE SHOULDER.

Case 8. A woman, aged 27 years, presented a large fatty tumor, about the size of the head of a child a year old, upon the front of the left shoulder. It has been growing three years.

The tumor was excised by making two elliptical incisions, so as to remove with it some of the excess of skin. After which, it was dissected from its attachments to the deltoid muscle. Some small cutaneous vessels, which bled freely, were ligated, and the wound having been brought together by a few stitches of the interrupted suture, and adhesive strips, was dressed with a cerate cloth and compress, retained in position by the spica of the shoulder.

We learn that this patient is convalescent, the wound having to a great extent united by the first intention.

WEDNESDAY, Oct. 27th.

AFTER TREATMENT OF OPERATIONS FOR THE REMOVAL OF TUMORS.

After the exhibition of a few minor cases which want of space prevents us from reporting, Dr. Smith proceeded to introduce the patients operated upon, on several former clinics for the removal of tumors. These cases were brought forward for the two-fold purpose of exhibiting the result of the treatment, and of making a few remarks upon the after-treatment of operations, and especially upon the proper manner of dressing wounds made in the removal of tumors. The cases exhibited, were the woman from whom the mammary gland had been removed; the two women from whom large adipose tumors had been taken, and the young man from beneath whose pectoralis major the large sero-cystic tumor, mentioned in our last number, had been dissected.

All these patients are convalescent, the wounds to a great extent having healed by the first intention.

Dr. Smith went, with considerable detail, into the proper manner of dressing and treating such cases, but our space does not permit any full account of his remarks.

OPERATION FOR HARE-LIP.

A little girl, aged 8 years, was next brought before the class, laboring under single hare-lip, the fissure being situated on the left side of the median line. There was no fissure of the palate.

The child was etherized, and the edges of

the fissure being freshened and the lip dissected, free from its attachments to the gum, they were brought together by two hare-lip pins, supported by narrow strips of adhesive plaster.

Dr. Smith in remarking upon the case, called attention to the importance of dissecting the lip free from the gum, if, as generally happens, there are any adhesions, and of great watchfulness in the after treatment to insure success in this operation.

REMOVAL OF A PROLIFEROUS CYST FROM THE FEMALE BREAST.

A young woman, 18 years of age, presented a tumor the size of an orange, in the outer portion of the right breast, just above the nipple. It was not painful or tender on pressure, but was growing rapidly, having first made its appearance nine months ago, and gradually attained its present size.

There was no retraction of the nipple and no adhesion between the tumor and the skin. The mammary gland was freely movable, and the tumor was distinctly movable in the gland.

Careful examination showed that the tumor was smooth, but indistinctly lobulated and of considerable hardness, but without any sense of fluctuation, and that the touch could distinguish a well marked line of separation from the rest of the gland. From these symptoms, Dr. Smith had come to the conclusion, that in all probability, the tumor was not a malignant one. The absence of any retraction of the nipple, the movability of the skin over the tumor, and of the tumor in the gland, the circumscribed character of the growth, the absence of pain, and the healthy appearance of the skin over the growth, combined with the age of the patient, who was younger than it is usual for cancer to attack the breast, rendered it unlikely that the disease was of a carcinomatous character.

It presents, however, many of the characters of that class of tumors which have been described by the older surgeons under the name of cysto-sarcoma; though, if such be its nature, the absence of fluctuation renders it probable that the cysts are of small size.

The patient was perfectly healthy and suffered, as yet, little or no inconvenience, but as the tumor was growing rapidly, and in all probability would soon acquire a size which would imperatively demand relief, on account of the inconvenience it would occasion, it would be best to remove it at once before the operation hould become more formidable.

The patient therefore being etherized, a single incision was made obliquely across the outer part of the breast, about an inch and a half from the nipple, and the tumor was dissected out. It was found to involve a small portion of the upper part of the breast, the remaining part of the gland being perfectly healthy. Some small vessels having been ligated, the wound was closed by a few stitches of the interrupted suture supported by adhesive strips, and dressed with a cerate cloth and compress retained in position by a few circular turns of a roller.

The tumor thus removed, was found to be enveloped in a dense capsule, and on being cut into, showed a sinuous central cavity, into which florid papillary growths protruded. The central cavity and several peripheral ones, which, on close examination, were found to be continuous with the central, being filled with a dense yellow serous liquid.

This growth, then, is evidently to be regarded as a cyst from the inner wall of which papillary vegetations have sprung, encroaching upon its cavity to such an extent, as to render the tumor almost solid. Cysts possessing such enormous growths are spoken of as proliferous cysts. From the distinct character of the peripheral sac or cyst, from the absence of milky juice when the surface of a section through the solid parts of the growth is scraped, as well as from its general appearance, and from the history of the case before given, it is improbable that this growth in any respect, partakes of the nature of cancer, though a variety of cystic disease of a cancerous nature does occur in the breast, and is designated as cysto-carcinoma.

A microscopic examination would, however, be made, in order to render the matter more positive.

We are informed by Dr. Woodward, to whom the tumor was handed for examination, that the opinion above expressed of the character of the growth was correct, and that the outer capsule was mainly composed of well developed endogenous growths, mainly of undeveloped connective tissue; no elements being observed which would indicate the presence of cancer.

JEFFERSON COLLEGE HOSPITAL.

SATURDAY, Oct. 16th.

Service of Dr. Dickson.

A man with a numbness of the hands and face. This symptom was an important warning, being an indication of approaching apoplexy. He has a slight turning of the tongue

to one side, when it is protruded. His pulse is slow. Now this may be the result of degeneration of the blood, or its too free flow to the brain. He has headache occasionally, which would lead us to infer the presence of a congestion of the brain. We must draw the blood from this part, and the best thing to commence with will be a cathartic; as,

℞. Calomel, gr. j.
Rhubarb, gr. v.
Aloes, gr. ij.

Every two hours till it operates. The diet should be moderate; no meat or stimulants.

SATURDAY, OCT. 16.

Service of Dr. Gross.

CLUB FOOT.

Two cases of club-foot were presented. In one there was pes equinus with varus, or inversion of the foot. This is owing to the contraction of the tendo-Achillis. In dividing this tendon we must be careful not to interfere with the posterior tibial artery, by keeping the knife close in contact with the tendon. The knife employed has a flat, short blade, with a very small extent of cutting surface; this is passed in by a small opening, and the tendon divided by a sawing motion, taking care not to pierce the skin behind the tendon, which might prevent the usual good results. Apply adhesive plaster to this cut. Draw down the heel; keep it quiet for a few days, and we may not require any apparatus. The other case had both feet almost at a right angle with the leg. This was the result of the contraction of the tendo-Achillis and also the tibial muscles. The division of the tendo-Achillis was performed on one side, the other being left for a future operation.

SEBACEOUS AND PILOUS TUMOR.

A young man, æt. 16, with a tumor over the right eye, involving the upper lid.

This was an accumulation of sebaceous matter, from a closure of the orifice of one of these small glands. It was extirpated by opening, and then dissecting out the sac of the gland. A large amount of hair was found in the matter from this tumor.

CARIES.

A little girl, with her foot much swollen, just above the great toe; evidently a disease of the metatarsal bone. Chloroform was administered, and an incision made, laying open the diseased point, and the necrosed bone scraped, or *scooped* out by means of chisels, etc. This is similar to the operations of the dentist in a carious tooth. Apply a cold water dressing, and keep at rest.

A PATIENT OF SIR ASTLEY COOPER!

Dr. Gross exhibited to the class a lady, aged 58, who had been operated upon by SIR ASTLEY COOPER for a cancer of the breast, which she had been troubled with for 13 years. About a year ago, a lymphatic gland became enlarged, and was removed. There is no appearance of any return of the disease. In the cicatrix, a cheloid tumor is present.

POLYPUS OF NOSE.

A man was shown, with an inability to breathe well through the nose, or blow it. Dr. G., with a long, thin pair of forceps, removed several portions of the tumor. Care must be taken not to catch the turbinated bones with the forceps. After the tumor is caught by the forceps, twist them around, and thus break off its attachment.

SATURDAY, OCT. 23D.

Service of Dr. Dickson.

CHRONIC DIARRHŒA.

A man who has been sick all summer; losing flesh; has very small stools; tongue with a red streak in its centre, and a whitish fur at the edges. He has been troubled with diarrhœa for some time. This disease, in Mexico and South America, is particularly unmanageable. Here, it only becomes bad by continuance; it easily recurs, and the patient relapses, so that will become alone a source of irritation. Let him take one grain of opium every night, and three grains of tannic acid every three hours.

MALARIAL FEVER.

A woman who has had malarial fever; now has hectic. Has tubercles in the lungs, in the first stage. Has yellowish expectorations. Pulse 110. Been taking cod-liver oil, and Dover's powder at night. Slightly improved.

TUBERCULAR PHTHISIS.

A man, aged 63, with persistent cough; evidently a tuberculous case. Give the cod-

liver oil, etc., and let him eat freely of animal food. Rub the chest with mustard as a counter-irritant.

BRONCHITIS.

A man, aged 41, with oppression of breathing; cough; spits blood; no febrile irritation; has bronchitis. Give him an alkaline and anodyne.

℞. Muriate of ammonia, gr. ij.
Dover's powder, gr. iij.

Three times a day. We only aim here at aiding nature.

SATURDAY, OCT. 23D.

Service of Dr. Gross.

Dr. G. showed the case of syphilitic ulcer, which was rapidly cicatrizing. Continue the treatment.

HIP JOINT DISEASE.

Dr. G. then exhibited several cases of tuberculosis of the hip joint. In each, he particularly instanced the symptoms of deformity, the child standing on one foot, with the other leg bent so as to incline it forward, the heel elevated; the buttock of the affected side flattened; the distance between the groove of the buttock and the trochanter being materially increased; the ilio-femoral fold having disappeared; the pain being generally referred to the knee, and thus causing a difficulty, and errors in the diagnosis.

Treatment.—In the first place, absolute repose must be insisted on, and the limb be placed in a carved splint, etc.

NÆVUS.

The baby with nævus in the forehead, previously operated on, was now presented. The tumor was much solidified, and Dr. G. tied the remaining portion by the same subcutaneous operation.

SEBACEOUS AND PILOUS TUMOR.

A boy, aged 4 years, with a tumor occupying the upper eyelid. Congenital. This was removed by an incision, and proves to be a mass of hair and sebaceous matter.

CLUB FOOT.

He next divided the tendo-Achillis on the left foot of the infant previously operated on, and exhibited the apparatus to be applied.

CARIES OF TIBIA.

Young girl, æt. 15 years. For three years has suffered with a disease of the tibia. He gave her chloroform, examined the ulcers, and then performed the operation of scooping out the diseased portions. This operation has been claimed as original by some modern surgeons; but it is as old as Hippocrates. He removed a number of dead pieces of bone, and laid open, while so doing, a large vein, the hemorrhage from which, he informed the class, would be stopped by sponge, etc., saturated, if necessary, with a strong solution of alum.

Reviews and Book Notices.

DISEASES OF THE URINARY ORGANS. A Compendium of their diagnosis, pathology, and treatment. By William Wallace Morland, M. D., Fellow of the Massachusetts Society, etc. With illustrations. 8vo., pp. 579. Philadelphia: Blanchard & Lea.

This work is one of much merit, worthy of the careful perusal of every physician, and deserving of a place in his library, as a book of reference. We are in want of just such books as this work of Dr. Morland. The attention of the profession, although being aroused to a more close and attentive study of the urinary apparatus, is not yet sufficiently excited—nor yet made to recognise the extreme importance of a more full and careful examination of all the facts and arguments touching the diseases of the urinary organs, and especially those of the kidney. We are satisfied that too little attention is paid by physicians generally to diseases of the urinary apparatus—that many are too unlearned in their pathology and the means of diagnosticating their maladies; and that of those who are intelligent, in relation to their morbid conditions, many are too slow and indifferent in applying the chemical, microscopic, and other means useful in determining the nature of their ailments. This work is very complete in pointing out the means which should be taken to arrive at a correct diagnosis of the urinary organs, and in language forcible and pointed urges the physician to their use. How many of us call to our aid the test tube, the specific gravity bottle, in short, all the chemi-

cal, microscopic and physical means which we can command, and which are so useful in determining the nature of the affections of the kidneys? How often are we satisfied with a bare inspection of the urine, deferring other and more important observations of that fluid until the negative results of our treatment, and the fast-failing condition of our patient excite our fears; when we take to our tests, and by their appliance discover that which we least expected—the presence of albumen, oil globules, waxy plates, epithelial scales, sugar, or some other abnormal element in the urine—and then, when suffering humanity is about to succumb to the oppressive burden of the disease, we abandon our empiricism, and betake ourselves to a rational and scientific treatment. This language may be found fault with. The over-captious and morbidly sensitive may regard it as too sweeping and too strongly denunciatory. If so, we cannot help it. We but speak the language of "truth and soberness," and for its consequences we are not responsible. Before finding fault with us for uttering such sentiments, we beg the reader to place his hand upon his heart, and answer, if he, in every case of renal disease which he has treated, has, at the earliest period, made use of all the means at his command, for the purpose of forming a correct diagnosis? If he has, then the language does not affect him; but if, on the other hand, he has been slow and tardy, then has he "most grievously offended," and is therefore culpable, and deserves more censure and stronger language applied to him, than we at present are disposed to use.

Apropos to this, we cannot forbear giving a short history of a case in which there was much neglect and carelessness of the kind to which we have referred that came into our hands in April, 1857. It was a case of Bright's disease, existing in an unmarried lady, aged twenty-eight years. According to her own history, although she had been in failing health for several years, did not become seriously ill until May, 1856, when she was seized with pain in the loins, accompanied with a sense of heat, lassitude, œdema of the eyelids, face, and hands. Her urine was deficient in quantity and bad in color. From May, 1856, to April, 1857, she was in the care, at different periods, of six physicians, all of whom are regarded as men of intelligence and skill. Some of them occupy exalted places in the profession. Of the six, two pronounced her sufferings consequent upon disease of the liver; and one of these—a professor too, put her on mercurial treatment until mild ptyalism was produced, much to her discomfort, and to the no little aggravation of her renal disease. One pronounced her disease dropsy, depending upon debility; the fourth, ulcer of the womb; and the other two, affection of the kidney. Could the four of the six of these physicians have made such incorrect diagnoses, not to say *grave* blunders, if they had used ordinary care, and had devoted the necessary time and attention in applying the means —the tests with which they were doubtlessly well acquainted—in determining the nature of the malady with which this unfortunate lady was suffering, and which ultimately destroyed her, as was demonstrated by a post-mortem examination. Her kidneys presenting that form of Bright's disease, called by some the hypertrophied fatty degeneration; each kidney being twice the normal size, and twice the normal weight. These organs are now in our possession.

We should be pleased if we had more space, to give an extended notice of every disease, especially those of the kidneys, which Dr. Morland has treated of in his book; but the space in a weekly, by necessity, is limited, and therefore our notice will have to be limited also. As we have made some reference to "Bright's disease," we shall, for the purpose of giving the reader some data upon which to base an estimate of the character and value of Dr. Morland's work, make some extracts from his article upon "Fatty degeneration of the Kidney" or Bright's disease. This article is very full, embodying, in a condensed form, all the important facts in regard to the nature, predisposition, causes, diagnosis, prognosis, and treat-

ment of that disease, which Dr. Barlow has remarked is "classed among the opprobria medicinæ."

Dr. Morland, in relation to the divisions and subdivisions of "fatty degeneration of the kidney," finds fault, as we think justly, with the numerous divisions made by some authors of this disease, these divisions tending rather to mystify than to enlighten. Dr. M. remarks: "Whilst Dr. Bright proposed three divisions alone, others have complicated the subject by making six and even eight different forms." Dr. M. makes but two divisions, the "hypertrophied fat kidney and atrophied fat kidney;" both of which conditions he fully describes, and points out the difference in their pathology. In relation to the nature of fatty degeneration of the kidney, our author remarks: "The fact that fatty degeneration is not unfrequently a direct sequence upon other renal affections, should be remembered: particularly that it often constitutes an advanced stage of the non-desquamative disease. Many celebrated observers have laboriously investigated the nature of these affections, and to no single point has their attention been more perseveringly turned than to a solution of the important question: 'What is Bright's disease?' * * * A certain affinity belongs to the affections of any organ whatever—function being a constant quality, that which interferes with structural integrity touches the normal play of the apparatus; but different morbid processes do so in unequal degrees and with various results, whilst the general tendency is nearly, or quite the same. It has therefore been well remarked that the term 'Bright's disease' is liable to convey the idea of too positive singleness, and not that there is a class of diseases thus designated, whose pathology was first announced and explained by the distinguished physician, whose name is rightly attached to them." * * * * "Fatty degeneration presents itself in two forms; one affords constantly large quantities of fatty matter when the disease is well established, the other, smaller but distinct depositions of the same nature. In one the kidney is increased in size and weight; in the other, these are lessened—more particularly the size. In the large white, or in the mottled kidney, the tubes are finally filled with oil or other foreign matter, and rather tend to dilatation than to atrophy: in the granular contracted kidney they most frequently lose their epithelial lining and waste. * * * * The urine, it should be remembered, is scanty in the large white kidney, when compared with the healthy secretion, and is very albuminous: on the contrary, the small granular kidney is generally accompanied by a much more plentiful flow, and the albumen is less. Dropsy being generally occurrent in a proportion inverse to the amount of urine, we have a cogent reason in the above state of things for its frequency in the large white fatty kidney when contrasted with its opposite."

In the treatment of "Bright's disease," Dr. Morland favors the use of diuretics and evacuants, in the latter stage of the disease. We would say, that we have certainly seen much benefit, nay, restoration to health, result from treatment, the basis of which was diuretics, where all the rational symptoms, physical conditions, together with the developments made by the application of tests to the urine, demonstrated the existence of "Bright's disease." A favorite prescription of ours for "the relief of the dropsy, and for the excitation of the kidneys, is a diuretic mixture composed of potassæ acetas, ʒiij., tr. scillæ, fʒj., tr. digitalis, fʒiss., syrupus, fʒij., aquæ, fʒviss., given to adults in tablespoonful-doses, every two hours. We are confident, also, that we have seen potassii iod. in doses of eight to ten grains given every two hours in combination with tr. scillæ and tr. digitalis, of positive service in this disease. These remedies are slow in producing their effect, therefore we must be patient and persevering in their use, and not grow weary of, and lose confidence in them because the manifestation of their utility is not prompt and speedy. We must not be unmindful that we have an organ altered in structure to deal with—that but a portion of its tissue is in a condition to respond—and that

the response will be slow or fast, much or little in accordance with the amount of healthy structure, and that any decided increase of functional activity, no matter how gradually it may develop itself, may be regarded as an evidence strongly indicative of the restoration of the organ to its normal condition. And then, as in the instance of the kidneys, if in conjunction with increased secretion of urine, we have diminished amount of abnormal elements, as we have seen by the use of the remedies referred to, we should feel at least that such results were encouraging and suggestive of a patient perseverance in their use, even though the improvement were slow, indeed.

We cannot dismiss Dr. Morland's work without the declaration that it is a good book, for which he merits, and we hope he will receive, the *substantial* thanks of the profession.

A. N.

Editorial.

A FEW WORDS TO THE PROFESSION.

The advancement or success of every profession depends upon the *energy* as much as the *ability* of its members. This will be equally true of a society, or any other combination of talents, and it is, therefore, necessary for each member of that society, or profession, to be prepared not only to lend his powers when called upon at certain intervals, but to exhibit *some* energy in promoting at all times the objects for which it may have been established. These remarks will particularly apply to the medical profession, and the various associations which are connected with it.

There is a highly commendable display of energy among a few, but as a general rule, medical men are inclined to cast all the burden of promoting the best interests of their profession upon those few who are always ready to work in its behalf. The majority are well satisfied to enjoy the results of this labor when brought to them in the form of a discussion in their society, only costing them the trouble to listen to it, or a valuable article in a Journal, only requiring the trouble to read it. Such men are much pleased with reading the results of the patient research of a professional brother, who may have spent many tedious hours upon the work, but never for one moment give a thought to how much could be done by themselves in a similar manner. Not only have we noticed this lack of energetic desire for the good of their profession, since engaged in our editorial capacity, but repeatedly has it occurred to us, while on a committee in some Association, to find one after another decline to act as the opener of some debate, or take the initiative in any other matter which is acknowledged by all to be of immense importance. Finally, from meeting with so many rebuffs, gentle and courteous though they be, the committee, perhaps imbued with a certain share of the same apathy, cease to attend to their duties, and a storm of indignation bursts upon their devoted heads for allowing the business to languish, and perish from inanition.

We know of immense hoards, in this city alone, of intellectual wealth, which is miser-like kept in some dark closet, or strong chest of a brain, and not because of any want of good feeling for his associates in the profession, but simply in consequence of the apathy which affects to such a fearful extent the medical world. We say medical, because in no other branch of science are men willing to permit any portion of their knowledge to remain locked within their own brain, but are ever ready, in season and out of season, early and late, to contribute every particle that they may possess for the general good of all.

We say to each member of the profession, it is your duty not only to attend to your practice, and acquire all the knowledge you can, for the promotion of the health and comfort of those who may seek your advice and aid, but you owe it to your brethren, to your profession, to the world, as a sacred duty, to give them the results of your experience and observation.

Each and every one of you should connect yourselves with your County Society, and if

there is none in your vicinity, endeavor to imbue your co-laborers with sufficient spirit to start one, and once there, never to allow your energy to flag, but prepare your notes and queries, and submit what you have gathered, while you seek to obtain the collections of others. When you are puzzled with a case, meet some new form of disease, or *discover* a new adjunct to our armamentarium; having fully satisfied yourselves that there can be no mistake, do not wait for *time*, or anything, but hasten to spread the facts before those who are equally interested in the results, by means of the medical Journals or Associations.

Periscope.

ON THE TREATMENT OF ANEURISM BY COMPRESSION AND WITH THE PERCHLORIDE OF IRON.

In our second number there was a notice of some cases of aneurism treated by Dr. John Reddy, of Montreal, and published in the *Sept.* No. of the *Medical Chronicle* of that city, by the means indicated above. That notice was too brief to do justice to the subject, and we again call the attention of our readers to it.

The first case was an aneurism in the popliteal region. This was successfully treated by the use of Carte's compressors alone. Pulsation in the part ceased eight days and four hours from the time the compressors were first applied, and the tumor gradually diminished, until, when he left the hospital on the 16th of July, it had nearly disappeared.

Dr. Reddy furnishes the following statistics of the treatment of aneurism by compression, which is worth copying:

"The number of cases now on record of the successful treatment of aneurism by compression, have completely established this method of cure as one that must supersede every other, where it can be made available. Mr. Tufnell, in a very excellent article in the *Medical Times and Gazette* for 1854, gives the particulars of all the cases, 47 in number, that had occurred in Dublin, between the years 1842 and '54. 36 were cured by compression; 3 died of other diseases while undergoing treatment; 1 unsuccessful; 5 were treated by ligature; and 2 underwent amputation. In a late work, published in Paris in 1857, by M. Broca, who it appears has devoted a great deal of attention to the subject of aneurism, with reference to compression, the author recommends that this method should be tried two or three weeks, even supposing that the ligature may be considered ultimately necessary. He says that, from 1842 to May 1854, compression had been tried in 163 cases. In 12 it could not be long maintained, in consequence of the pain becoming intolerable. There remain 151 cases in which compression was continued with sufficient perseverance. From these, 24 must be taken, as the compression failed, from not having been properly applied. This leaves 127 cases to dispose of. Out of that number, 116 were successfully treated. The treatment was inefficacious in the remaining 11 cases, and every circumstance concurred to prove that in 6 of these compression failed from a peculiar idiosyncrasy, showing itself in the results of the subsequent application of the ligature. The average of deaths in the 127 cases was no thigher than 5 per cent. I shall contrast with the above those wherein the ligature has been used. Dr. Crisp, in his book, gives the particulars of 188 cases, where the vessel was secured for popliteal or femoral aneurism. One-fourth terminated fatally, or were maimed for the rest of their lives. Mr. Phillips collected 171 cases of aneurism, affecting the lower extremities, which were submitted to the Hunterian operation. Of these cases, 57 (or exactly 1 in 3) were unsuccessful, in which all the patients except two died—not of the disease, but of the operation. Amongst the successful cases, secondary hemorrhage occurred 15 times. 59 of these cases required ligature of the femoral artery, 39 of which were unsuccessful, thus giving a mortality of two in three in the artery most frequently subjected to the operation. Mr. Norris gives a fuller report, his table consisting of 177 instances, (155 popliteal and 22 femoral.) 38 died; 6 recovered after subsequent amputation; 6 recovered after suppuration of the sac; 2 after gangrene of the foot; total, 56; so that one out of every three terminated fatally, or were to a certain extent maimed for life. M. Broca states the relative success in the treatment by compression and by the ligature to be, that 5 per cent. die under the former, and nearly 25 per cent. under the latter. Such an amount of evidence as the foregoing, in favor of compression, at least deserves the mature consideration of those who still advocate the more elegant and apparently quicker method by ligature.

"There have been but four cases of aneurism

treated by compression in this city, (Montreal,) and each has terminated successfully: one by Dr. Fenwick, traumatic aneurism of the radial artery, cured on the 31st day; one by the late Dr. Crawford, diffused popliteal, cured on the 21st day; one by Dr. Godfrey, circumscribed popliteal, cured on the 35th day; and the one now recorded, being the first that underwent this treatment in hospital."

Dr. Reddy next publishes the results of four successful cases of treatment of aneurismal tumors by the method of M. Pravaz, of Lyons, viz.: the injection into the tumor of the perchloride of iron, causing speedy coagulation of the fluids, and subsequent sloughing out of the tumor, and filling up of the cavity by granulation. The following statistics of the treatment of aneurismal tumors by injection, are interesting:

"In addition to the successful cases, detailed by me, I have collected the few following from various sources. M. N. Deslongchamps treated an aneurism of the supra-orbital artery, with complete success. One by Niepce, of popliteal aneurism. Another by M. Serre, of varicose aneurism at the elbow. One by Mr. William Adams, of the posterior tibial, from wound. One by Dr. Pavesi, of Bergamo, 16 drops were injected; in ten minutes it was solid; no trace in a month. M. Jobert injected 6 drops into a varicose aneurism, at the bend of the elbow; there was some difficulty at first, but finally succeeded. Mr. Lawrence injected 8 drops, two days in succession, into a nævus of immense size, upon a child's cheek; a cure resulted. M. Fallum injected varicose veins above and below the knee, in a man 52 years of age, followed by a perfect cure.

"M. Paul Broca, in the treatment of superficial aneurisms (known as wine spots,) blistered the part, then applied the perchloride of iron to the surface, with success."

Other substances have also been recommended, as liquor iodo-tannique by Deschamps; a solution of tannin by Messrs. Walton and Taylor, of London; lactate of iron by Dr. Brainerd, of Chicago; and a solution of acetate of lead by M. Lassanio.

DIET OF CHILDREN.

We obtain the following ideas on this subject, from the *Virg. Med. and Sur. Jour.*

Dr. Routh of the Samaritan Free Hospital, says, "The analogy of the comparative anatomy of warm blood animals, and the special anatomy of a child's alimentary canal, indicate that its food should be animal. The child should not be weaned if it can be avoided, before the eighth month. At this period it may be allowable to give vegetable food, but animal is better.

The vegetable aliment selected, should contain chloride of potassium and phosphoric acid among its mineral ingredients, and a due proportion of plastic as compared with calorifacient matters; excess of starch being very difficult of digestion. If pap be given, it should be made with milk, so as to include fat and chloride of potassium in the compound, and not given in large quantities; above all, it should not be made with white town-made bread, which contains alum, and is nothing better than a slow poison."

CARBONIC ACID AS AN ANÆSTHETIC.

This article seems to have come much into notice within a short time. Several communications have recently appeared in foreign journals concerning its anæsthetic properties, and we are informed that some members of the profession in this city are engaged in experiments with it. An article appears in the *Dublin Med. Press*, alluding to some observations made by Dr. R. Jones, before the Surgical Society, on its use in diseases of the female bladder. The following abstracts on this subject, we obtain from the *Am. Jour. of Med. Science.*

"It is eminently useful as an anæsthetic and curative means in certain diseased states of the female bladder when injected into that organ.

It gives much relief in the painful sympathetic and organic affections of the uterus and neighboring organs, when applied per vaginam.

It is likely to prove beneficial in diseases of the bladder in the male, when similarly employed, and is deserving of trial in such cases.

Hemorrhage and incontinence of urine are by no means barriers to its employment.

Being a dangerous means of inducing premature labor, its use is contraindicated for such a purpose.

IODIDE OF POTASSIUM FOR DISPERSION OF THE MILK.

The *Amer. Jour. of Med. Science*, has the following from *Gazette des Hôpit.* "M. Rousset, the Professor of Clinical Midwifery at Bordeaux, having observed the effect of iodide of potassium in diminishing the milk when given in the non-puerperal condition, resolved to ad-

minister it in cases in which the dispersion of this secretion was desirable. A woman who suffered from bad chapped nipples, had great and very painful engorgement of the breasts, attended with much fever. The iodide was given, and by the next day, the pain and fever had disappeared, its employment for three days producing the cure of a tumefaction that threatened abscess, complete. M. Roussel has since then tried it in twenty cases, and always with success. After the cure, the milk returns again two or three days after the suspension of the iodide. Its action is more decided in the dose of from six to eight grains per diem, than when given in large quantities. The excessive secretion of milk may be prevented or moderated by administering it on the first or second day after delivery.

When debility and lassitude are caused by its employment, its use ought to be suspended till these symptoms disappear.

It acts as a disinfectant, and removes the bad smell from the urine."

GALLIC ACID IN PURPURA HÆMORRHAGICA.

The *Amer. Jour. of Insanity* has a report of a case of purpura hæmorrhagica treated with gallic acid, with the most complete success. The patient was insane, and feeble. The tannic acid was used in doses of five grains, for about ten days, and as no good result followed, was discontinued and the gallic acid substituted in the dose of ten grains three times a day. Immediately a marked change occurred; the treatment was continued with an increased dose, and by the end of the month he was convalescent. Three months after, his dementia was less; and health otherwise excellent. At the time of the commencement of the disease, he was taking for anæmia, the *citrate* of iron, which is often employed for the cure of purpura.

GLYCEROLE OF ALUM AND WHITE PRECIPITATE IN ERYSIPELAS.

In the *Amer. Jour. of Pharmacy*, we find the following from *La Presse Méd. Belgique.*

"Dr. Anciaux, of Belgium, recommends the following preparation in erysipelas:—℞. Alum in impalpable powder, 20 grammes; white precipitate, 1 gramme; triturate intimately; and, having put the powder in a vial, add glycerin, 90 to 100 grammes. Agitate the vial until the mixture takes the consistency of cream. The vial is to be shaken every time it is used."

Medical News.

MARRIAGES.

COOK—GALLAGHER.—On Thursday evening, Oct. 14th, by Rev. D. H. Barrow, Joseph L. Cook, M. D., of New Alexandria, to Miss Mary Jane, daughter of Mr. James Gallagher, near Pleasant Unity, Westmoreland Co., Pa.

FRENCH—FANK.—On Monday, Oct. 18th, by Rev. Joseph Clark, Miss Josephine A., daughter of the late Dr. R. M. French, of Fayetteville, Pa., to Mr. C. A. Fank, of the same place.

DEATHS.

WATSON.—Dr. G. Watson died in this city, on Thursday, 28th of October, 1858, we believe of cancer of the stomach. Dr. W. was a Scotchman by birth, but had resided in our city for several years, and was favorably known to the medical profession, as also to the scientific world. He was connected with our City Medical Associations, the Academy of Natural Sciences, etc. He never aspired to prominence as a practitioner among his medical brethren, but was much esteemed on account of his social qualities, and his quiet, unobtrusive manners.

TO CORRESPONDENTS. — Communications have been received from Drs. D. H. Agnew, of this city, Samuel R. Forman, of Hoboken, N. J., and E. H. Sholl, of Alabama.

PAMPHLETS. — The following pamphlets have been received: Transactions of the New Hampshire Medical Society, 68th Anniversary, held at Concord, June 1st and 2d, 1858; from Dr. Thayer, of Keene. Physiology, Pathology, and Therapeutics of Muscular Exercise, by W. H. Byford, M. D., of Chicago; from the author. Typhus Fever in Great Britain, by J. B. Upham, M. D., of Boston; from the author. Inaugural Address, delivered before the N. Y. Academy of Medicine, Feb. 3d, 1858, by J. P. Batchelder, M. D., President elect; from the author. Tableau of the Yellow Fever of 1853, in New Orleans, etc., etc., by Bennet Dowler, M. D., New Orleans; from the author.

Also, in exchange—The Sanitary Review, and Journal of Public Health, including Transactions of the Epidemiological Society of London. Edited by W. B. Richardson, M. D., etc. Quarterly. July No. received.

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 108. PHILADELPHIA, NOVEMBER 12, 1858. NEW SERIES, VOL. I. NO. 7.

Original Communications.

On the Use of the Hypophosphites of Soda and Lime in Phthisis.

BY SAMUEL R. FORMAN, M.D.,
Of Hoboken, N. J.

THE attention of practitioners has of late been called by several foreign physicians, more especially by Dr. J. F. Churchill, to the use of a new medicinal preparation in the treatment of phthisis pulmonalis.

In a paper read before the French Academy, Dr. Churchill states his views as follows:—

The immediate cause of tuberculosis, or at least an essential adjunct, is a decrease in the organism of phosphorus, which therein exists in a state capable of oxidation. To supply this want, he proposes, as a specific remedy, two similar preparations of phosphorus, the hypophosphite of soda and that of lime. These, he says, present two characteristics, on which account he has chosen them. Firstly: in them the phosphorus exists in a state fit for immediate assimilation; and, secondly, it is likewise in them in the lowest possible state of oxidation. They act by increasing the principle which constitutes nervous force, and are at the same time powerful hæmatogens; they possess all the therapeutical properties of phosphorus, and none of its dangers.

By the use of these remedies, in quantities varying from ten to sixty grains a day, (usually fifteen,) all the symptoms were dispelled with wonderful rapidity. When the tubercles were recent, and the softening incipient, they were removed by absorption, and no trace was left. When they were older, and of a higher degree, they continued to break down, and the issue depended on the peculiarity of the lesion, or its extent, or more especially on its complication.

To support his views he adduces thirty-five cases, in both the second and third stages, (with softening or cavities;) of these, nine recovered, eleven improved, fourteen died, and one remained under treatment.

The publication of results so successful authorized a further trial of the remedy. An opportunity for making the experiment in a satisfactory manner was afforded last winter in the wards of Bellevue Hospital, New York. Accordingly, at that time, by the advice of the physicians then visiting that institution, the house physicians each selected a number of suitable cases, and began the use of the medicine.

The annexed cases are from notes then taken.

Case 1. Bridget Gall, a girl of 15, a native of New Jersey, was admitted in Dec. 1857. Her father died of phthisis, her mother of cholera. She herself has been well until about a year ago, when she began to have a little cough. About four months ago, had hæmoptysis after a violent blow on the chest; the cough increased after that, and she has been spitting blood lately; for a week past she has had not much cough or expectoration. Auscultation presents the physical signs of tubercles, in the first stage, at the apex of the left lung. She was put on the use of the hypophosphites of lime and soda alternately; five grains three times a day. After about a month's use, no perceptible change occurred in the physical signs. Her general appearance was always good, she had not emaciated any, and she said her appetite

had improved; but this was capricious; and after about two weeks more, not finding any manifest benefit to accrue, she returned home.

Case 2. Margaret Simmons, a single Irish-woman of 22, entered the hospital about the middle of December. Predisposed to phthisis: her mother having died of it. She has had a cough for the past four years; within the last month, night-sweats and rapid emaciation. She is unable to retain cod-liver oil when administered, her appetite is poor, and cough excessive. Both lungs present the physical signs of softening tubercles. She was put on the use of the hypophosphites, but left, after having used them about three weeks, as she thought with some benefit; the physical signs remained the same.

Case 3. Catharine Henderson, aged 26; a widow; native of Ireland. Came in on the 26th of Dec. No hereditary tendency to disease traceable. Five years ago, she says she had "rheumatism of the heart;" no physical signs of cardiac disease now presented. At that time she had hæmoptysis and a slight cough, both of which have continued at intervals ever since. She has emaciated some, though her appetite has been good, and she has had no night-sweats. Harsh inspiration, and slightly prolonged expiration are heard at the apex of one lung. She continued the use of the hypophosphites for several weeks, but her cough continued as severe as on entrance, and she did not gain any in weight. The hæmoptysis stopped. When she left, the physical signs were unchanged.

Case 4. Charles Wright, aged 68, came into the wards suffering from pneumonia. A deposit of tuberculous matter was detected in both lungs about six weeks afterward. The disease is not hereditary. He is not much emaciated, though he calls himself very thin; his appetite is pretty good, and cough not very severe; he has had no hæmoptysis.

Dec. 24th. One month after, his condition is noted; no manifest improvement; physical and rational signs the same. He continued the medicine for about a month longer, but not feeling any better, he grew discouraged, and began the use of cod-liver oil.

Case 5. James Thompson, a native of Ireland. No hereditary tendencies traceable. Says he has had a cough for ten years, and an occasional attack of bleeding from the lungs since July, (four months ago,) the last one was ten days ago. He has a severe cough, copious expectoration, and great debility, though his appetite remains good. Physical examination shows signs of softening tubercles at the apices of both lungs. He was put on the use of the hypophosphites on the 22d of December. They were continued in large doses for three weeks, at which time, though the cough and expectoration were less, and he felt stronger, night-sweats and increased debility becoming apparent, they were stopped, and quinine and cod-liver oil substituted. Under the use of these for only two weeks, his appetite improved; the hectic fever ceased, he grew fat and stronger, his cough was less, and no hæmoptysis occurred. He remained in the ward all winter, and early in the spring went out to work. The physical signs in February were the same as on first examination.

Case 6. Henry Gardiner, a native of this country, was admitted for phthisis in December. His father died of consumption. He himself first had a cough fourteen months ago, but never had any hæmoptysis till this month; his appetite has been good, and he has not emaciated much; his cough is severe, and expectoration copious, but not bloody; he is very weak, but is still able to sit up. Auscultation shows a slight tubercular deposition in the right lung, and a few râles from softening tubercles in the left. On the 22d, he was put on the use of five-grain doses of the hypophosphite of soda, three times a day. One week after, he was thoroughly examined, but no marked change was perceptible. His expectoration was not so copious. On the 18th of January, his condition and symptoms were again noted, and as no improvement in either rational or physical signs was presented, the medicine was stopped.

In three other cases, of which notes were

taken, the experiment resulted in a similar manner.

In the six cases adduced, the ages ranged from 16 to 68. Three were of each sex. Three were natives of this country, and three of Ireland. The disease was hereditary in three, while no tendency to it was traceable either on the paternal or maternal side in the others. In three the disease was in the first stage, in three in the second; two had only one lung affected. The results of two were doubtful; of two others, no improvement; and of the other two, a steady advance of the disease.

Similar results were obtained in the other divisions where the experiments were made; and the use of the medicine as a remedy in phthisis was abandoned.

Congenital Deformity of the Fingers Successfully Treated.

By D. Hayes Agnew, M. D., of Philadelphia.

The following case is interesting, in consequence of exhibiting, in a remarkable manner, the entailment, through several generations, of a congenital mal-development. A little girl was presented at the Surgical Clinic of the University, during the winter of 1857, with a union of the middle and ring fingers of the right hand in their whole extent. An operation had been performed some time before, but they became again united, and in addition permanently flexed on the hand. On inquiry, the father informed me that the child's great-grandmother on the mother's side had the corresponding fingers of the right hand similarly united: her son, the child's grandfather, two toes joined, and each little finger strongly adducted, beginning at the second phalanx: his daughter, the mother of the child, both little fingers turned in likewise: the mother's sister, aunt to the child, the middle and ring fingers of each hand united: a brother, uncle to the child, two toes on each foot joined, the same, therefore, as the grandfather. Two other sisters of the mother are perfect, one of whom, married, has a child in which the middle and ring fingers of each hand are united.

As the case was handed over to me by Professor Smith for treatment, I proceeded, after etherization, to excise the uniting, now cicatricial bond from each finger, and by dissecting the deep attachments of the integuments from the anterior and posterior portions of each finger, taking care to go beneath the digital blood-vessels and nerves, I was able to bring the two edges for the most part together, so as to cover up the gap made by cutting out the old cicatrix. As the fingers obstinately resisted all efforts to straighten them, the tendons of the superficial flexors were divided, which admitted at once of their being extended. The next point was to place healthy tissue in the base of the interdigital cleft, for it is here where union in such cases begins, and travels steadily forward toward the extremity of the fingers. In order to obviate this, a V shaped flap was raised from the dorsal surface of the hand, and drawn through between the fingers toward the palm. Several stitches of the interrupted suture secured the parts at different points, the hand was placed on a straight splint and a water-dressing applied. Under the care of Dr. Woodward the case progressed favorably until the parts had entirely healed. Six months after, I saw the child, when the fingers remained straight, and separate.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

SATURDAY, OCT. 30.

Service of Dr. Gerhard.

CHRONIC DIARRHŒA.

(See Report of September 22d, page 22, and of October 2d, page 47.)

A man who had chronic diarrhœa. Brought before the class four weeks ago, and presented in an extremely exhausted condition. He is now very much improved, his strength is rapidly increasing, and he has but one stool a day. He took tannin and opium; the former is the very best vegetable astringent we have. He also had injections of nitrate of silver and laudanum. We have now placed him on full

diet, and he will shortly be discharged, but he must be careful for a year or more, as the disease is liable to recur.

DIABETES.

A seaman, aged 23 years; looks well. Three years ago, was first taken with intense thirst; he never drank much spirits, and this could not be attributed to that cause.

This disease generally begins in young people, say from 10, 20, to 30 years of age, though it is occasionally found in old people. About one year ago, his passage of water had increased to an enormous amount, and he found it sweet to the taste and smell. He has a slight pain in the back, and is subject to slight cephalalgia, though the latter is only an accidental symptom. His mind is perfectly clear. He has been in three other hospitals, and also under the care of many physicians. When he first entered the house three days ago, he passed ten quarts in one day; now he passes but seven, which is of a pale straw color. Its specific gravity is 1.030; litmus paper is reddened moderately by it; by mixing with it in a tube, sufficient solution of sulphate of copper to color it, and the same amount of caustic potassa, and then heating the tube, we have an orange precipitate formed. When yeast is mixed with it, a large amount of gas is formed by the fermentation. We had the process of forming sugar from the urine going on, but unfortunately, by the attendant being called off, it was burned. He is evidently laboring under diabetes, has no fever, no pulmonary disease; but, unless he dies from the effect of the diabetes, phthisis will come on and destroy him.

The disease kills the patient, by the emaciation and subsequent action on the brain. We can do but little here, and cannot produce a cure. Many plans have been offered to cure it, but none have been found to succeed. Animal food has been employed, because that prevents the formation of sugar. Yeast in large quantities has been used, and is now much in favor, but neither of these is certainly curable. We may cause it to go on more slowly, and prolong the patient's life, and shall therefore put him on the use of yeast in tablespoonful doses every two hours, and increase the amount; give tonics, as iron and quinine, cod-liver oil, and animal food. The reason we cannot cure is that the diuresis is not the disease, only a symptom, and though we diminish that, yet the cause of the trouble is not remedied. We find, on examination, no disease or alteration of the kidneys or brain, and are unable to detect the point of disease.

After the exhibition of some pathological specimens, Dr. G. recapitulated the cases he had presented to the class during his term, and bade the gentlemen farewell, having announced that Dr. Wood would take charge next Wednesday.

Service of Dr. Norris.

SEVERE GUN-SHOT WOUND.

Case 1. A man was presented who had been shot with a pistol ball in the left hand; it passed in at the metacarpal articulation, going up through the wrist, to just below the elbow, where it was extracted. The wrist joint was partly opened. In consequence of the dangers of this case, a consultation of the surgeons of the hospital was held, and it was determined to endeavor to save the hand, though amputation would relieve the patient of much risk; but considering his youth, and health, it was thought best to give him the chance. We may have secondary hemorrhage, and several other complications, as tetanus, which is very liable to occur, or suppuration very freely, etc.

It was dressed, placed on a splint, and elevated, in order to apply irrigation, by passing a stream of cold water from a syphon upon it. Anodynes were given to relieve pain.

SEVERE BURN.

Case 2. A man who, while under the influence of liquor, had fallen against a very hot stove. He was severely burned on the right thigh and back, presenting a large surface for ulceration. He has no pain now, but when sloughing takes place, and the raw ulcers are exposed, he will suffer very much, which must be relieved by anodynes. Keep him at rest, purge him gently, apply poultices to the parts, and, when necessary, support him with tonics and stimulants.

Case 4. Dr. N. also exhibited a man who had been badly burned while blasting, some thirteen months ago; the burns had been very long in cicatrizing, and he still had a small ulcer, which would take some six weeks to heal. He was burned from the top of the thigh down to the middle of the right leg, and his life was despaired of for some weeks.

COMMINUTED FRACTURE OF THE ELBOW.

(See Report of Oct. 27th, page 97.)

Case 5. A man who had fallen from the

Catholic Cathedral on Logan Square, which produced a compound comminuted fracture of the elbow. The shock was so great that he was insensible till yesterday; now he is able to understand. He is not paralyzed, but was so low as to require stimulation; and reaction came on very nicely. He has also a fracture of the radius at its lower end; and suppuration is beginning to take place freely. It was placed on a splint, and elevated to allow the matter to pour out. He passes his water involuntarily, but should be attended to, and his bladder not be allowed to burst from the accumulation of water, which might take place. He will be watched closely, and the symptoms treated as they arise. Give mild nourishment, and if any delirium occurs, or appearance of trouble with the brain, deplete by means of cups. This is still a very serious case.

WEDNESDAY, NOVEMBER 3d.

Service of Dr. Wood.

PRELIMINARY REMARKS.

In announcing the commencement of his term of three months' service in the Hospital, Dr. Wood remarked, that he should not pursue any systematic method of teaching medicine. It is not the object of hospital instruction to do this, but to take cases as they present themselves in the wards. The ordinary course of hospital instruction would take us from bed to bed in the wards, but as it is impossible for so large a class to see the cases in this way, they are brought into the amphitheatre that all may have an opportunity of seeing. We shall, therefore, as a rule, pass regularly through the wards, presenting cases as they come. In this way you will have the advantage of seeing disease more as you will encounter it in general practice. We cannot, of course, treat fully of the diseases which come before us, but only notice briefly, the phenomena presented in each individual case, and try to get some practical instruction from each.

OXALURIA.

The first case presented was that of a boy, æt. 14, pale, pulse a little quick, though this may be the result of excitement; tongue clean, appetite good, no fever. He infers, therefore, that the digestive organs are not deranged. From his anæmic appearance, would suspect œdema; and, on examining the feet, we find that they are swollen; he has anasarca. His bowels are regular, and his passages are of a proper color. There seems therefore to be no organic disease of the alimentary canal, or of the organs connected with it. This being the case, we suspect that the difficulty is in the kidneys. His urine has been examined; there is no albumen in it; but, on microscopic examination, we find crystals of the oxalate of lime. These are transparent and generally octohedral in form, though they are frequently found in the form of dumb-bells, and sometimes circular or oval. In this boy we have this condition of the urine associated with an anæmic condition of the blood—anæmia, anasarca, oxaluria. When this deposit in the urine occurs to any considerable degree, it is evidence of an unhealthy condition of the blood, dependent on derangement of the assimilative functions. Instead of the elimination of the urates from the blood, oxalates are formed.

Treatment.—The first indication in this case is the restoration of the blood to its normal condition, by increasing the red corpuscles. For this purpose there is nothing so good as iron and nutritive animal food. He is taking the tincture of the chloride of iron. I will tell you shortly why we give it in this form. Next, we must combat the other derangement, the production of oxalate of lime. It is known that the mineral acids have an excellent effect for this purpose. They were recommended by Dr. Prout. Dr. Bird recommends the nitro-muriatic acid in preference to any other; and his own experience with it has been very satisfactory. Its action is not direct on the deposit, but it acts primarily on the function of nutrition. This boy is taking *three drops* of the nitro-muriatic three times a day. I said that I would tell you why I gave this patient iron in the form of the tincture of the chloride. Simply for the reason, that it is compatible with the other remedy he is taking—the nitro-muriatic acid. If, for instance, we gave the precipitated carbonate of iron, nitrate of iron would be formed. On account of his anasarcous condition, we would like to give this boy cream of tartar for its diuretic effects, but it is contra-indicated, as it would be incompatible with the acids he is taking. Sometimes œdema is dependent simply on the anæmic condition of the patient, and the effused fluid is at once absorbed on improving the quality of the blood. On examining the heart by auscultation in these cases, we often notice a murmur, but there is none here.

OXALURIA WITH PHOSPHATIC DEPOSIT.

The patient was a stout, ruddy, healthy-looking man, of about forty. For three years, he

says, he has had pains and a sensation of heat in the epigastric region, and over the whole abdomen. His appetite is good, but his bowels are constipated. The tongue is slightly coated. He does not find, on exploration, that there is any enlargement of any of the abdominal organs. The disease is, therefore, probably functional.

In obscure cases of disease, accompanied by an unaccountable depression of spirits, it is well always to examine the urine. Evidence of error of nutrition will often be found. This man's urine has accordingly been examined, and has been found to contain oxalic acid deposit; as also, an excess of phosphatic deposit. With the latter, there is always nervous derangement unless you can trace the deposit to some positive inflammation of the urinary passages. We will give this patient five drops of the nitro-muriatic acid three times a day, and compound rhubarb pills as a laxative.

TUBERCULAR PHTHISIS.

Man, æt. about forty. He has been sick for eight months. Up to that time he had no sickness; no cough; pale, emaciated, pulse quick, 90 to 100, skin variable, cool now, but in an hour may be hot and feverish. On two occasions, he says, he has spit a little blood. You are aware, gentlemen, what the symptoms detailed, lead us to suspect. But these are not absolute signs of tubercular disease, and we will make a physical exploration. On percussion, we find flatness on both sides, particularly on the left. This indicates either solidification or effusion into the pleural cavity. If it is effusion, there will be greater dullness below than above, as the effused liquid would gravitate to the bottom of the cavity. It would take a very large amount of effused serum to cause flatness so high up. But we find the sounds clear below, and, therefore, conclude that the flatness above is the result of solidification of the lung. We hardly ever find solidification of the lung without tubercular deposit, though the flat sound indicating solidification, might be occasioned by chronic pneumonia. On auscultation on the right side, there seems to be a crackling sound, but—and here is a practical point, gentlemen—you perceive that he has a linen shirt on and a flannel one beneath that, and the apparent crackling sound may be caused by the friction between these. We will therefore remove these coverings and simply apply a soft linen napkin between the ear and the chest. We still find a little crackling and a prolongation of the expiratory sound. The probabilities are, that we have here tubercular deposit. We have the vesicular murmur of the air-cells mixed with the bronchial sounds. This is called rude respiration, and indicates a little softening. We will now examine the left side under the clavicle; first near the sternum, and at once, without the possibility of doubt, we discover a hollow sound like blowing into an empty bottle. This sound is amphoric, and indicates a cavity. There is a vibratory movement of the sides of the cavity, the same as we observe on blowing into a bottle. Nearer the shoulder there is a gurgling sound, as of air going through a thickish liquid. Yesterday there was amphoric sound here, but it has become filled with liquid since. But why should we find a cavity when percussion gives a flat sound? The amount of solidification and effusion is so great, that it counterbalances the hollow sound that would otherwise reveal the existence of a cavity. We have also pectoriloquy, as observed by auscultation while the patient is counting.

Treatment.—This man is taking a tablespoonful of cod-liver oil three times a day, and a little morphia to subdue irritation. We give him, however, very little medicine, and rely principally on good, nutritious food, plenty of exercise, in the hope of arresting the tendency to tuberculization, or at least to prolong life as much as possible.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

SATURDAY, OCT. 30TH.

Service of Dr. Henry H. Smith.

HIP JOINT DISEASE.

After the exhibition of several minor cases, a boy six years of age was brought before the class, laboring under an affection of the right hip. About a year ago he received a slight fall, from the first effects of which he speedily recovered; but a short time after was noticed to limp, in walking: he grew gradually worse, and is now quite lame. The affected side seems longer than the opposite limb, but a closer inspection will show, especially if we take care to obviate any inclination of the pelvis, that this elongation is only apparent. If the femur on the injured side be pushed slightly upwards, or if pressure be made upon the trochanter major, the child complains of pain. On standing him up, and looking at him from behind, an alteration will be observed in the line of the nates on the affected side.

From these symptoms, the opinion was expressed that the case is one of morbus coxarius or hip-joint disease. The clear, thin skin, the fine light hair, blue eyes, and general appearance of this boy would indicate that probably the case is one of the tuberculous variety, in which the lesion in the joint is primarily a deposite of tubercles in the cancellated tissue of the bones beneath the articular surfaces, with subsequent softening and consequent inflamed action. This opinion is confirmed by the fact that the boy's grandmother died of consumption. Although his parents are healthy, it is probable, then, that he has inherited the tuberculous diathesis; cases of this sort, in which hereditary diseases overleap one generation, being of frequent occurrence.

The treatment in this case will consist in the use of a carved wooden splint going from the axilla to the ankle, the patient being kept in the recumbent position, and treated with alteratives and chalybeates, with the occasional use of a brisk purgative. Syrup of the iodide of iron will be prescribed in this case.

ANTERO-POSTERIOR CURVATURE OF THE SPINE.

Two cases of antero-posterior curvature of the spine were next exhibited; one in a little girl of four years old. There were two points of curvature in the spine of this child, one slight, in the upper part of the dorsal region, the other more marked, in the lower part of the cervical.

The disease has been progressing about a year. The breast was prominent and the abdomen tumid, with occasional shooting pains in the chest. The child's walk was feeble and unsteady.

The second case presented a curvature in the upper part of the lumbar region. The disease has been noticed for some six months: latterly the abdomen has become prominent, and the walk is affected.

Curvatures, such as those seen in these two cases, must be carefully discriminated from cases of lateral curvature. In lateral curvature where it exists alone, the disorder consists essentially in the fact that the muscles on each side of the spine do not properly counterpoise each other, and one set predominating over the other, produces curvature, there being no disease of the bones.

In the antero-posterior curvature, on the other hand, there is always disease of the bones, in some cases the result of tubercular disease, in other cases due to caries. In consequence of the destructive effect of either of these conditions upon the bodies of the vertebræ, the weight of the head and shoulders, with the attached upper extremities, is sufficient to produce curvature, the degree of which will correspond with the degree of the destruction of the bodies of the bones. If the curvature thus induced is sufficient to encroach upon the cavity of the spinal canal, the functions of the spinal cord will suffer in all parts below the seat of the disease, and lameness, feebleness in walking, with ultimate paralysis, ensue.

Cold abscesses, also, may form, in connexion with the diseased bone, and pointing in the groin or the back, present the conditions described as psoas, or lumbar abscess.

In treating these two children, the use of an apparatus was directed, the object of which was to take the weight of the head and shoulders off the point of disease, thus preventing or retarding the increased curvature. The apparatus was that usually made by Mr. Kolbe, the University cutler, for these cases, consisting of two crutch heads going beneath the arms, supported upon padded uprights of steel, attached to a circular padded steel band, surrounding the hips. By means of this apparatus the weight of the head and shoulders is supported, to a great extent, by the hips, instead of by the diseased spine. No part of the apparatus is allowed to make pressure upon the seat of the curvature. The apparatus for both children will be the same, except that the little girl who has also a curvature in the cervical region will have attached to her's a curved piece of steel, going above the head, from which the head can be supported by padded bands.

In addition to these mechanical means, good diet, and the use of the syrup of the iodide of iron was directed.

Although it was not anticipated that the curvature already existing would be removed by these means, yet there was every probability that the further progress of the disorder would be prevented.

AFTER-TREATMENT OF THE OPERATION FOR HARE-LIP.

The little girl upon whom the operation for hare-lip was performed, on the day of the last clinic, was brought forward for the purpose of removing the pins. They had been retained longer in this case than would be proper in younger children. While making the dressing, Dr. Smith made some remarks upon the after-treatment of similar cases, among

which we noted his preference for figure of eight turns in securing the pins, rather than elliptical, and his opinion that the operation ought to be performed as early as possible. The best cure he had ever seen, with less trouble in the treatment, and greater freedom from deformity in the result, than it had ever been his fortune to witness, occurred in the case of a child which he had operated on only twenty-four hours after birth.

JEFFERSON COLLEGE HOSPITAL.

SATURDAY, OCT. 30TH.

Service of Dr. Dickson.

INTERMITTENT COMPLICATED WITH REMITTENT FEVER.

Christopher D. æt. 38, presents an interesting complication of remittent and intermittent fever. The patient has had intermittent for 3 or 4 months; had an attack of bilious remittent previously, which lasted for 5 or 6 weeks; and this again had been preceded by eight or nine paroxysms of regular tertian intermittent. His attacks came on during the last spring while he was occupied in the gas works in St. Louis. This point is interesting, because some writers have ascribed a connexion between intermittents and gaseous atmospheres, such as carburetted hydrogen, carbonic acid, etc. Has chills every other day at varying hours, half past eleven o'clock, one or two o'clock, or in the afternoon; and sometimes every day. Has had an interval of two weeks up to Wednesday last, owing to the influence of anti-periodics.

This case illustrates what is frequently met with, a relation between two forms of malarial fever. The symptoms of each, as detailed by the patient, were very well marked. The chill was occasionally protracted, being sometimes two hours in duration; and the sweating often very profuse. There is no enlargement of the spleen, in spite of the frequency of the attacks. The main phenomenon in this case, periodicity, must be combated by anti-periodics; but when there is great irregularity, as there is at times in the patient presented to the class, disturbing influences exist which interfere with the action of the remedy.

Between 9 and 11 o'clock on Sunday, the day he expects a return of the paroxysm, he will take 15 grains of sulphate of quinia; and in the interval of apyrexia he will take three times a day the following prescription:—

℞. Quiniæ sulphat.: gr. j.
Ferri subcarb.: ʒ j. M.

CHRONIC DIARRHŒA WITH TAPE-WORM.

Emanuel L——, aged 40. A case of chronic diarrhœa which had previously been treated (Oct. 23.) At that time he was put upon the following treatment: one grain of opium in pill every night, and three grains of tannic acid every 3 hours. The patient is rather better, the amount of secretion or profluvia being greatly diminished.

About twelve years ago, more than two yards of tape-worm were passed from the rectum. There is still great pain from irritation of the bowels, and the tendency of this tenacious parasite to be reproduced may explain the symptoms complained of. Small pieces occasionally come away, that have the appearance of the old tormentor; but these the patient has not preserved. He is directed to take oleum terebinthinæ in wine-glassfull doses every two hours; and if the second dose does not produce a copious discharge from the bowels, a large dose of ol. ricini is to be administered. Intoxication will doubtless ensue from these large doses of turpentine; but it will pass away gradually. The discharges must be carefully watched, and the results of observation will be detailed to the class.

INTERMITTENT NEURALGIA.

Rosanna S., aged 26; was before the class on Saturday last, suffering from intermittent neuralgia. The history then given was as follows: The patient had for six years been troubled with pain over the left supraorbital region, which was only present, however, during nursing.—The pain was acute and sickening, and lasted generally for about twenty-four hours. During the paroxysm, there was pneumatosis, the exact connexion between which and the main affection is not easily understood. Almost all cases of visceral neuralgia are accompanied with pneumatosis. In this case, this condition did not occur at the commencement of the paroxysm. The patient has not improved materially since she was previously presented to the class.

This case again illustrates the tendency to periodicity in disease, which constituted an important feature in the treatment. The day of return is generally Saturday, and the paroxysm frequently lasts without intermission until Monday morning. Tincture of opium has often been taken in large doses without effect. The lachrymal gland is also affected by sympathy, and the eyes are suffused. The neuralgia generally disappears altogether after the paroxysm, to return with almost unerring certainty.

Quinia has not been effective in this case, because given in too small a dose. The varying condition of the nerve in supra-orbital neuralgia is not well ascertained. If we can strike out one of the links which form the chain of morbid phenomena, we may frequently destroy the disease. Here, for instance, the important prominent symptom is periodicity, and we aim to break up this tendency, by means of antiperiodics. Increase the dose of quiniæ sulphas to three grains three times a day, combined with drachm doses of ferri subcarbonas.

WEDNESDAY, OCT. 27th.

Service of Dr. Gross.

DISLOCATION OF THE ULNA AND RADIUS.

Sarah R., aged 25 years, presented herself suffering from a serious injury to the right arm, occasioned by a fall from bed several months ago. The phenomena observed in this case were a large prominence formed by the displacement of the olecranon process of the ulna backwards and upwards; a peculiar cord-like appearance on the posterior portion of the limb, extending from above the elbow to the point of prominence, and caused by the displacement of the tendon of the triceps extensor muscle, (a point of great importance, not sufficiently dwelt upon by writers;) and an unnatural prominence of the head of the radius, which is also displaced.

The cord-like appearance to which reference has been made as a prominent point in this case, is characteristic of dislocation of the ulna against the posterior surface of the humerus. The projection of the olecranon is rendered more visible on flexion. If the diagnosis is satisfactorily established soon after the occurrence of the injury, reduction is easy. The main difficulty in such cases is in regard to the diagnosis, this difficulty being greatly augmented after the lapse of several weeks; and reduction is then, of course, correspondingly difficult, even after the lapse of only two or three weeks. At the next clinic day, an attempt will be made to break up adhesions that have supervened upon inflammation in the neighbourhood of the joint.

SATURDAY, OCT. 30th.

The case was again presented to the class. Several points not commented upon at the last lecture were purposely reserved for consideration until to-day, in order that greater impression might be made upon the class by the prominent points of interest which the case afforded. In addition to the symptoms already detailed, there is shortening of the fore arm to the extent of nearly an inch and a half, and there is a prominence below the elbow-joint, formed by the projection of the condyles of the humerus. The arm can be extended, even to a slight incurvation, but cannot be flexed, on account of the unnatural position of the condyles of the humerus. The limb can be rotated very slightly, but supination is impracticable.

Many of the adhesions formed were broken up, the patient being placed under the anæsthetic influence of chloroform; the same process to be repeated in about a week. Rest of the part is strictly enjoined; cold applications, light diet, and a general antiphlogistic treatment.

SCROFULOUS ABSCESS.

Alice R., three years of age, was brought before the class, with an elastic tumor in the iliac region, projecting upwards towards the inferior ribs. The case had been treated before its admission to the College, as one of ventral hernia, and a truss had been applied. It is seated about the abdominal rings; and, if a hernia at all, could only be ventral. But it has not the characteristics of a ventral hernia. It does not disappear or change its shape when pressure is applied, and its bulk is not affected by the efforts of the child in crying. There is no discoloration of the skin. The mother of the patient does not ascribe any special cause for its first appearance. When the child was fifteen months old, a small tumor was first observed, which has never since been absent, as it might be occasionally, if it were a reducible hernia. The tumor has gradually increased in size from the time of its first appearance. Pain is sometimes experienced in the part, and there is pain occasionally in the foot; the general health is apparently good. There is no pulsation or aneurismal thrill in the tumor.

On introducing an exploring needle, a few drops of pus exuded. As this fact confirmed the diagnosis formed in regard to it, the abscess was then opened. That it was a form of scrofulous abscess, was indicated by the color of the discharge, which was yellowish green, and by the duration of the tumor. A tent of lint was introduced, and the patient put upon a mild antiphlogistic regimen and treatment. If inflammation ensues in the part, the tent must be removed, and an emollient poultice applied.

EPITHELIAL CANCER ON THE HAND.

Dolly W., aged 67. She has suffered for four months from a small, exquisitely tender, movable tumor, about the size of a walnut, upon the dorsal surface of the hand, presenting slight ulceration and yellowish incrustation on its surface on its superior parts. There is intense pain in the tumor part, especially at night and when it is accidentally moved. A bruise of the hand is ascribed by the patient as the exciting cause. None of the family have ever had any form of cancer.

The case is certainly one of a very suspicious character, and microscopical examination will doubtless confirm the diagnosis, that this is an example of malignant disease. If a tumor of similar appearance had presented itself upon the mamma of this patient, a frequent position for it in advanced years of life, the diagnosis would be at once made out. If removed, there may be a recurrence in the same or some other part; and, if practicable, the case will be watched with a view to the possibility of a return of the complaint at some future day. The tumor was removed by an elliptical incision; care being taken to avoid division of the tendons and veins which surround it. The tumor, on being removed and opened, exhibited a hard, vascular, fibrous appearance; but it is not of the class of fibro-plastic tumors. If it were, it might not return; but it manifestly belongs to a class that is called "recurring."

Microscopic examination proved this case to be one of epithelial cancer, and the diagnosis is therefore substantiated.

FIBRO-PLASTIC TUMOR IN THE NECK.

Mary Jane C., aged 17,—Has had for three years a tumor in the submaxillary region, upon the anterior margin of the sterno-cleido-mastoideus muscle, apparently dipping down among the important blood vessels and nerves. Care will be necessary to prevent the ingress of air into the jugular vein, should it be necessary to divide this important vessel during the operation. If this tumor were encephaloid in its character, it would be larger, and present discoloration; while there would probably also exist much more constitutional disturbance, the disease running its course rapidly. From the duration of the case, it is diagnosticated to be a non-malignant form of tumor, fibro-plastic in its nature.

On further examination, the jugular vein was found to lie behind the tumor, so that it is not necessary to interfere with it. The patient was placed under the influence of chloroform, and the tumor removed. It probably extended to within a very short distance of the mucous membrane of the pharynx. Dissection of the mass exhibited its interior, as presenting an appearance greatly resembling an unripe pear or turnip.

Microscopic observation confirmed the diagnosis in this case also.

SATURDAY, OCT. 30th.

SUPERFICIAL ERYSIPELAS.

Alfred S., aged 22. Is a dyer by occupation. Since Tuesday last both arms, but especially the right, have been swollen and discolored; the discoloration being diffused over the whole surface and disappearing upon pressure. There is great itching of the skin. An apparently sound state of health existed previous to the occurrence of the affection under consideration. The patient does not know that any dye stuff had been in contact with the surface or any thing of a deleterious character that could have produced it. This is his first attack, and it is impossible to determine what the exciting cause may have been. Articles of diet often predisposed to erysipelatous affections, but in this case no such mode of origin can be assigned. There has been no external injury whatever.

The treatment must be based upon general constitutional principles; and as the exciting cause is involved in obscurity, the first law in regard to the treatment of inflammation, namely,—the removal of the cause, cannot here be carried out. Purgation and external applications form the great elements in the treatment. The following prescriptions are given for this case.

℞. Pil. hydrarg.
Ext. colocynth.
Jalap. pulv., āā gr. v.
Ipecac. pulv., gr. ½.
To be taken every fourth night.

℞. Magnes. sulph., ʒj.
Ant. et pot. tart. gr. ½.
Tinct. opii,
" aconit. āā gtt. ij.—M.
To be taken every four hours.

The local application to be made as follows:

℞. Plumb. acet., fʒj.
Opii " fʒij.—M.
For half a gallon of water.

This must be applied at first by means of a towel wrapped around the arm, and the succeeding applications, to be made by a sponge soaked in the liquid, and squeezed upon the

towel without the removal of the latter from its place, thus preventing any exposure of the affected part to the atmosphere.

STRICTURE OF THE ŒSOPHAGUS.

Patrick M., aged 13, presents himself suffering from dysphagia. The history of the case is thus given: About a year ago in taking beef soup, a piece of bread or bone, it was supposed, had lodged in the œsophagus. The usual symptoms of choking supervened at the time, and up to the present day, he has been unable to swallow coarse food. The difficulty has lasted without intermission, but thin fluids pass without any great inconvenience. The diagnosis is, some obstruction in the œsophagus either from the lodgement of a foreign substance or from the results of such an accident in the form of a stricture.

The patient being placed under the influence of ether, which is a safer anæsthetic in operations about the mouth, the probang was introduced. If the obstruction were due to the presence of a foreign body, it would be necessary to use an instrument to detach and remove it. Examination proved the existence of a very large stricture of the œsophagus, which will not admit of the passage of the instrument. The case will again be brought forward, and smaller instruments used to dilate it.

TERTIARY SYPHILIS.

Two cases of tertiary syphilis were exhibited; one of them, a child about six years of age, who had received it as an inheritance, the other in an adult.

In the former case, there was an ulcer over the anterior surface of the tibia, which presented a remarkably good specimen of healthy cicatrization, a film forming over its surface, beginning at the circumference and gradually extending towards the centre. A large amount of plastic deposit was scraped away at a previous clinic; but while the healing process was going on, small ulcers, of a serious character, spreading, and with everted edges, appeared on the skin in the vicinity. The treatment adopted was as follows:

℞. Potass. Iodid., gr. viij.
Hydrarg. chlorid. corrosiv., gr. ½. M.

This dose to be repeated three times daily. Under this treatment the ulcers have steadily improved in appearance.

There is no doubt whatever that this is a case of inherited syphilis, tertiary in its nature. The treatment is continued.

The other case presented an ulcer about an inch and a half in diameter upon the arm; the discharge from which is foul and sanious. The arm has been much enlarged by interstitial deposit; a poultice was applied and the constitutional treatment was adopted, which had been of such marked benefit in the case previously narrated. The ulcerated surface now presents a healthy appearance, skin forming upon it. The diagnosis of this case is made out with certainty. We have no hesitation in deciding that the patient is labouring under tertiary syphilis. Ulcers of the upper extremity are very frequently to be ascribed to constitutional causes,—and this applies especially to the case before us,—when they are accompanied by ulcers on other parts of the body, sore throat, pains in the bones, &c.

The treatment must be continued, and chronic ptyalism aimed at.

SCROFULOUS SWELLING OF THE SACRUM.

Jane D., aged three years, has a scrofulous tumefaction over the region of the sacrum, and also a swelling of the ankle-joint, which is probably of a strumous character. There is an opening on the left nates, communicating with the spinous process of the ischium, from which a sanious discharge proceeds. The actual cautery, by means of iron at a white-heat, was applied, and the ulcer formed by the separation of the eschar, will be kept open as a source of counter-irritation by means of irritating ointments, for three or four months. The patient must be strictly in a horizontal position, and not rise even to evacuate the bowels or bladder. With due attention to the state of the digestive organs, the patient will be put under the tonic and alterative effects of the liquor ferri iodidi, in doses of gtt. viij., three times a day.

PHILADELPHIA COLLEGE HOSPITAL.

WEDNESDAY, OCT. 20.

Service of Dr. Halsey.

DOUBLE CATARACT.

A colored woman, aged 35. Has been blind two years in the left eye, and six months in the right. Her father and mother have both been blind from the same cause. The appearance of the pupils is gray, showing that the cataracts are soft. The patient suffers no pain whatever, either in the eye, brow or head.

Light is plainly distinguishable, particularly in a dark and cloudy day. This is a very favorable case for an operation, and there is every reason to suppose, judging of the present condition of the patient's health, that it will prove successful. The operation of breaking up the lens with a fine cataract needle was the one performed, as being the most appropriate to the case. Absorption of the lens will now take place, on account of its being exposed to the action of the aqueous humor. Dr. H. desired the patient to have both eyes operated upon at once; but as she was unwilling to have more than one done at a time, the left eye was selected for the operation. The patient was then confined to a dark room, and put upon a low diet. The continued application of cold water to the eye operated on, was enjoined upon the patient, for the purpose of keeping down the inflammation.

PITYRIASIS.

A boy, aged eight years, has had a scaly affection of the head, face and neck three years.

The affection consists of loose, bran-like scales, which are rapidly secreted by the epidermis, and then thrown off. These are again replaced by others that as rapidly desquamate, giving to the parts the appearance of having been sprinkled with corn meal. The uniform manner in which the disease is spread over the affected parts, and the absence of any redness underneath the scales, distinguish it easily from psoriasis. The want of the peculiar form, and of the indentation of the isolated scale of lepra, shows at once it is not the latter, while the firm, small epidermal scales of pityriasis readily distinguish it from the thick, rough, hard and dry squamous skin which belongs to ichthyosis. In treating this case, first, a mild laxative and alterative should be given, to clear out the bowels, and to put the digestive organs in proper condition.

℞. Pulv. rhei, gr. iij.
" ipecac., gr. ss.

Take every morning.

Then the liquor potassæ arsenitis should be given in doses of about three drops, three times a day. In the treatment of all squamous affections, arsenic you will generally find to be the most efficient of all other remedies.

SYPHILITIC IRITIS.

A young woman, aged 22, has had inflammation of the right eye six weeks. She has felt for some time back, in the tibia and in her brow, severe pain at times, which is much increased in the evening. Admits she had a sore upon one of the labia several months ago. The right eye has a very dull appearance, as the conjunctiva is congested and the iris has lost its bright color, (which is blue in the left,) and has a dull grayish-brown color, which has been caused by the effusion of lymph, a consequence of the inflammation. As the disease has all the marked symptoms of this form of secondary syphilitis, it is an unquestionable case of syphilitic iritis. A purge should be given at first, of calomel, grs. vi.; rhubarb, grs. viii.; also a pill of blue mass, grs. iij., and opium, gr. ss., three times a day. The patient should be kept upon a low diet, and should avoid every thing which might tend to irritate the eye.

Medical Societies.

NORTHERN MEDICAL ASSOCIATION.

SEPTEMBER 24, 1858.

Dr. W. Mayburry, President.

The subjects for discussion being *Veratrum Viride* and the *Hypophosphites*, Dr. W. B. ATKINSON opened the debate by reading a paper on the veratrum viride, of which we give the following abstract:—

Veratrum viride had been employed in all parts of our country, by various physicians, as an arterial sedative. From many papers on this subject, which he had examined, Dr. A. had formed the opinion that this article was a powerful agent in the reduction of inflammatory action. It was employed in the form of the tincture, extract, and powdered root. The tincture has lately been brought into particular notice by Dr. Norwood, of S C. It had been employed by many, in the treatment of pneumonia, pleurisy, acute rheumatism, typhoid fever, and dysmenorrhœa, with results which, in some cases, seemed wonderful. It reduced the pulse, in a very short time, to the normal standard, increased expectoration, restored the functions of the liver and kidneys, and by some was even supposed to act on the uterus, so as to cause abortion; but this, no doubt, could be more correctly referred to its use in too large a dose, causing emesis, and consequently irritation of the whole system. The usual dose, as a sedative, was from three to six drops every three or four hours; its effect being carefully watched.

Dr. OSLER had employed it in several in-

stances. One case was that of a young lady, aged 16, laboring under typhoid fever. Three doses, of five drops each, produced violent vomiting and purging; the case, however, was soon improved. In other cases, he was much pleased with its effects. He used Tilden's tincture.

Dr. BOURNONVILLE would caution the members in its use, as, in consequence of the existence of three preparations, differing in strength, the dose of one might be too large for another, and might produce ill results; and also from some portions of the paper read by Dr. A. he would infer that, in the correct dose, it might produce very unpleasant symptoms.

Dr. OSLER considered these fears unfounded, as we have several other articles which require care in their employment. He had used it also in an obstinate attack of colic, of long continuance, and complete relief followed the first dose.

Dr. MAYBURRY had never employed the veratrum viride, but would take occasion to remark upon the other subject for this evening. The *hypophosphites*, which he had used in phthisis with apparently variable effect, but having had recourse to other articles at the same time, he could not positively say how much of the beneficial effects should be ascribed to either. His experience with these remedies was not sufficient to warrant conclusions; but he believed that in some cases they were highly beneficial, though he did not consider them specifics. He thought Churchill over estimated their value, and that his conclusions, as detailed in his treatise on the subject, would hardly be borne out by future observations. Dr. M. had also used the *phosphates* almost from the time of their introduction to the notice of the profession in this city, and in some instances with undoubted good effect. He mentioned, in particular, the case of a lady from the country, who had applied to him, after having in vain been under the care of several physicians, and had consequently tried a large number of tonics, and other medicines, in almost every possible form of combination. When she placed herself under his care, she was completely prostrated, without energy, and much depressed in spirits; she suffered from indigestion, could not tolerate anything on her stomach, had spinal irritation, accompanied with various neuralgic symptoms. Here, he used the comp. syrup of the phosphates, and the result seemed almost miraculous. In less than two months she went home well, and continues well at the present time. He ought to mention, however, that she had also *retroversio uteri*, which was corrected, and remained so without an instrument. Much of her suffering was owing, no doubt, to the displacement, and here, also, due allowance must be made in estimating the value of the remedy in question, for the effect on the general system produced by the replacing of the uterus, as well as for the effect of an ointment of veratria, which was diligently applied by frictions twice a day, over the spine. The syrup was the first and *only* article given internally, and it agreed well with her from the beginning, although every other tonic had disagreed. He ascribed no other properties to it than *tonic*. He likes Blair's Syrup of the Phosphates; but as the mode of its preparation is kept a secret, he doubted whether it was strictly in accordance with sound ethics for physicians to prescribe it. He has lately been using the syrup according to Proctor's formula, as published in the Journal of Pharmacy.

Adjourned.

Reviews and Book Notices.

Inaugural Lecture to the Course on the Practice of Medicine, in the Jefferson Medical College of Philadelphia, delivered Oct. 12th, 1858, by Prof. SAMUEL HENRY DICKSON, M. D., LL. D.; preceded by preliminary remarks to an Introductory Lecture to the Course on the Institutes of Medicine, delivered Oct. 11th, 1858, by Prof. ROBLEY DUNGLISON, M. D., LL. D. Published by the Class. Philadelphia: JOSEPH M. WILSON, 111 South Tenth Street.

Dr. Dickson's Lecture, together with the portion of Dr. Dunglison's published in the pamphlet before us, is principally devoted to a notice of the late Prof. J. K. Mitchell, M. D. Having already published a somewhat extended notice of Dr. Mitchell, we need do no more than call the attention of those of our readers who may be desirous of obtaining a full account of the life and labors of this distinguished man, to the work named above. It may be obtained by addressing Mr. Wilson, the publisher, or through this office.

☞ A notice of Dr. Tyler Smith's Lectures on Obstetrics, and other book notices, are in type, and will appear next week.

Editorial.

HOSPITAL INSTRUCTION IN PHILADELPHIA.

In our first and second numbers, we had a few remarks in regard to hospital instruction in this city, and the duty of Philadelphia to cherish her schools of medicine, with an intimation that we should return to the subject. What would Philadelphia be as a centre of medical instruction, if she had no hospitals? Suppose her clinical advantages to be taken away, how long would it be before her medical halls would be entirely deserted, and other cities reap the harvest of gold that is now flowing into her coffers, from this important source of her wealth? It is this, rather than the superior abilities of their teachers, that gives such prominence to London, and especially to Paris, as centres of medical instruction. It is their varied and free system of hospital instruction that invites students from all parts of the world, and gives character and standing to the student or graduate who has availed himself of the opportunities they offer. And that city of the western world which shall be the first to emulate their example, throw open her hospitals freely to the student, and add variety, and give character to this species of instruction, will bear away the golden fleece, and place herself in the front rank in respect to medical instruction.

That noble charity, the Pennsylvania Hospital, has been the source of great wealth to Philadelphia, and it is a shame that the student of a profession that has served her without fee or reward for more than a century, should be compelled to draw on his scanty funds for the privilege of occupying a precarious sitting in her diminutive amphitheatre for the space of four hours a week. And it is a greater shame that of all the hospitals in this city,—with, perhaps, the exception of one—this is the only one disconnected from the schools, that has any permanent provision for clinical instruction. We repeat, what we said in a former number—the doors of every medical institution in the city, large or small, ought to be thrown *wide open* to our schools, that they may make use of every facility that this large city offers to attract the medical student here, and *keep* him here until his education is complete. If this were the case, the schools could so arrange their classes as to scatter them among the different institutions, thus showing them a greater variety of diseases, and giving them a better opportunity of following up the cases presented before them. They should have the opportunity of following up diseases in classes; the wards of the hospital for diseases of the Eye, the Children's hospital, the Women's hospital, an Orthopædic hospital, etc., etc., should vie with each other in offering free attractions to the votaries of medical science.

If we mistake not, our neighbor, New York, is seeking to take advantage of our narrow policy in regard to hospital instruction, by throwing open the doors of her public institutions to the medical student. We were quite amused the other day to see how a resident physician in one of our hospitals was nonplussed, when a student who had apparently spent a winter in New York, asked him if word would be sent to the colleges as to the time when an important operation, which, it had been intimated it was likely would have to be performed that afternoon, would take place.

In this connexion we are glad to announce that the Board of Guardians of the Poor have at last consented—though we fear, at a very late hour for any practical good to come of it this year—to re-open the extensive wards of the Philadelphia Hospital, Blockley, to clinical instruction. We trust that we shall not again have occasion to announce that the doors of this extensive charity are closed to the schools.

Another good effect that would result from the free access of the student to the wards of our hospitals, would be to put a stop to the strife that now exists between the schools, to procure cases to present before their classes; a strife that too often invades the domain of the private practitioner, doing him injustice, and draggling the banner of medicine in the dust,

at the hands of its professed champions and defenders.

We close these remarks by appending the following well-timed article from the pen of a valued correspondent.

THE PHILADELPHIA HOSPITAL, BLOCKLEY.

It is intimated that those who have the management of the Blockley Hospital, have under consideration the re-opening of that institution for clinical instruction.

Allow me through the REPORTER to bespeak for the Board of Guardians in this project, the hearty co-operation of the medical profession, and the sympathy of the intelligent community who comprehend the value of such means of practically teaching that science which has for its noble object the relief of human suffering.

The opportunities afforded by that hospital would be appreciated by medical students, and a class as large as is desirable would eagerly seek to view the protean forms of disease presented in its extensive wards.

There is no valid reason why these opportunities should not at once be granted, and be conducted in the same proper manner in which clinical instruction is given in every other large hospital in this country. The clinical advantages in this city are greater than those of any other American city, but are yet far from commensurate with the enormous and increasing patronage which our colleges receive. There are here now, it is believed, a greater number of medical students than are in any other three cities together in this country. Viewing this only in a financial aspect to our city, it is a consideration well worthy the fostering care of our municipal boards.

Our colleges by their eminent position, have been able to command to their service as teachers, some of the greatest talent of this country; and that Philadelphia shall continue to be the great centre for the dissemination of medical knowledge, it is essential that the important element in medical education of *clinical instruction* shall not be neglected.

The existing regulations of the Philadelphia Hospital, provide for the appointment of boards of consulting physicians and surgeons, and these would be efficient as clinical teachers.

In the original construction of the building, provision was properly made for the clinics, by a well arranged amphitheatre, and as long as the institution was well governed, the clinics continued successfully. Since that time the baneful effect of ever-changing partisan rule has been the neglect of everything that could not be prostituted to political objects.

The present Board of Guardians contains gentlemen of intelligence, who, it is hoped, will give their energies to the permanent establishment of the clinics. L.

CLINICAL REPORTS.

These constitute a very important feature in our work, and we intend that they shall give the profession a correct idea of hospital practice in this city. Some of our readers may regard a portion of these reports as common-place, but it must be remembered that our work is patronised largely—firstly, by country practitioners, who are always glad to learn how the various forms of disease are treated by men whose opinions they have been accustomed to regard as almost oracular, and by medical students, who like to possess a permanent record of cases that they have seen treated.

As this kind of material accumulates we shall select the most instructive cases for publication, rejecting those that are negative in their results, or of minor importance. We solicit from all our public institutions reports of important cases, illustrating new, or establishing old principles of treatment.

Periscope.

MENTAGRA, OR SYCOSIS.

Dr. R. E. Haughton, of Richmond, Ind., in a communication to the *Cincinnati Lancet and Observer*, expresses the opinion, that the true cause of Barber's Itch "is found in close and repeated shaving." The skin being very tender, an irritation and inflammation of the hair follicle is produced. Several barbers have told Dr. H. that they can produce this affection, in any person whose skin is very sensitive, by a few close shavings. No poison is communicated, it is only an irritation produced by the dragging of the razor. During the treatment, the razor must be laid aside, and *epilation* will often effect a cure, even in very bad cases. If a local remedy is necessary, we

may apply the bichloride of mercury in glycerine, the white precipitate ointment, or the iodine ointment when much induration presents.

CHLORATE OF SODA AS A SUBSTITUTE FOR CHLORATE OF POTASSA.

The *Amer. Journ. of Pharmacy*, from the *Revue Médicale*, gives a communication, favoring the substitution of this salt of soda for that of potassa.

"M. Gueneau de Mussy, being struck with the little solubility of chlorate of potassa, substituted the chlorate of soda for it, as the latter salt is much more soluble than the former. The taste of the chlorate of soda is, moreover, less disagreeable than that of the other salt, and can be given in a smaller quantity of vehicle. Mr. G. has given it in several cases of diphtherite with success."

NITRIC ACID IN TYPHOID FEVER.

The *N. A. Med. Chir. Review* says: "Dr. Noble, at a meeting of the 'De Witt County Med. Soc.,' stated, in a discussion on the treatment of typhoid fever, that he had saved the life of a patient, who previously had exhibited no alarming symptom, when sinking under passive hemorrhage of the bowels in this fever, by large doses of dilute nitric acid, and found, in different cases of this passive intestinal hemorrhage, the very best results follow the combination of *turpentine* with nitric acid. Dr. Edmiston united strychnia to the nitric acid in the following proportions:—

℞. Strychnia, gr. i.
Nitric acid, f℥i.
Tr. opii, f℥ij.
Aquæ, f℥ij. M.

Dose not stated."

NITRATE OF SILVER.

The *Amer. Journ. of Pharmacy*, from the *Repertoire de Pharmacie* and *Echo Méd.*, gives the following process of M. Henry Schoerer, for making nitrate of silver from coin:

"The alloy is dissolved in nitric acid; the bluish colored liquid is treated carefully until it ceases to give off nitrous fumes, and is mixed with black oxide of copper, the result of the decomposition of the nitrate of copper. This is then filtered out, and the pure solution of nitrate of silver evaporated and crystallized."

Medical News.

MARRIAGES.

DIMICK—BENNETT—In Newtown, Pa., Oct. 21st, D. Dimick, M. D., of Burns, Allegheny Co., N. Y., to Miss Mattie A. Bennett, of the former place.

FLEMMING—SMITH.—On the 19th ult., in Baltimore, Md., by Rev. Cyrus Dickson, D. D., Dr. J. Perkins Flemming, formerly of Chester Co., Pa., to Miss Lizzie R., daughter of the late Col. Alexander Smith, all of Baltimore.

MORGAN—LINN—In New London, Conn., Oct. 20th, by the Rev. Dr. Hallam, the Rev. John Blair Linn, of Wisconsin, to Mary, daughter of Dr. James Morgan, of the former place.

SUMNER—NEWCOMB.—In Hartford, Conn., October 20th, by Bishop Brownell, Mary S., youngest daughter of the late Dr. Geo. Sumner, and J. Warren Newcomb, Jr. (A great-grand-son of Gen. Joseph Warren, and a great-grand-daughter of Gen. Israel Putnam!)

WILSON—LINDSLEY.—At Stillwater, N.Y., Oct. 26th, by Rev. R. H. Robinson, M. W. Wilson, M. D., of Saratoga Springs, to Miss Sarah E. Lindsley, of the former place.

WOODNUTT — GARRETSON.— On the 4th inst., by Rev. W. H. Furness, D. D., Dr. Chas. Woodnutt, to Miss Mary L., daughter of Mr. J. M. Garretson, all of this city.

DEATHS.

BONSALL—At Chester, Pa., on the morning of the 7th inst., Dr. J. K. Bonsall.

DORSEY—At Hagerstown, Md., on the 24th ult., Frederick Dorsey, Sr., M. D., in the 83d year of his age. Dr. Dorsey was the oldest practising physician in the State, and one of the oldest in the country, and was known in various sections of the Union for his professional eminence and ability.

HUNTINGTON — At Poughkeepsie, on the 6th inst., Dr. Geo. W. Huntington, formerly of Norwich, Conn., in his 34th year.

McNEILL—In this city, on the morning of the 7th inst., Bernard McNeill, M. D., in the 73d year of his age.

PENNINGTON—In Newark, N. J., Oct. 29th, Sarah Caroline, eldest daughter of Samuel H. Pennington, M. D., of that city.

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 109. PHILADELPHIA, NOVEMBER 19, 1858. NEW SERIES, VOL. I. NO. 8.

Original Communications.

A Case of Cancer of the Pancreas and Stomach.

BY W. S. FORWOOD, M. D.,
Of Darlington, Maryland.

An article on *Cancer of the Pancreas*, by Dr. Demme, which was published in the fifth number of the weekly *Med. and Surg. Reporter*, reminds me of a case similar, though not identical, that came under my observation, and which I have hitherto neglected to report. The difference between these cases is that the one was *medullary* cancer, and the other *scirrhus*.

In September, 1856, I was called (for the first time,) to visit professionally, T. E. S., a man living between seven and eight miles from this place. The patient was about 59 years of age. He was not confined to bed at the time of my visit; nor was he suffering severe pain. He was quite an intelligent man, and therefore was enabled to give very minute and interesting details of his complaint; which, although worthy of noting, would be altogether too long for an insertion in a Journal of this size.

He had been suffering for more than *twenty years*, not usually so intensely, however, as to prevent him from attending to his ordinary business; but he was subject to spells more or less violent, which would last a week or more. He had consulted, at various times, as many as fifteen or twenty physicians, upon the nature and treatment of his disease; but not one gave a correct diagnosis.

When I first saw him, his countenance presented a peculiar cachectic appearance, of a more *jaundiced* hue than the ordinary cancerous cachexia, which materially obscured the nature of the affection, in my judgment. His tongue was heavily coated with a *buff-colored* fur, which covering, he informed me, had been existing for many years. He did not complain of sharp pain, but of a dull aching and general uneasiness. His stomach, back, and bowels were the parts he referred to as chiefly affected. The majority of the physicians who had examined his case, considered it as being a chronic inflammation of the stomach, attended with disease of the liver.

For the last few years, the patient's appetite had been generally poor, and digestion feeble in proportion. He suffered very much from an almost constant formation of gas in his stomach, which was frequently ejected in paroxysms with considerable noise. His bowels were commonly constipated, but at rare intervals, spells of diarrhœa would supervene. His pulse was wiry and quick, but of about the normal frequency; he was weak and debilitated. I examined his case very carefully; not with the expectation of curing him, for he had suffered so long that I considered he was incurable; but to ascertain, if possible, what was the precise character of his complaint. After the fullest investigation, however, I was foiled in my efforts to determine this point. My opinion was, that the stomach was the principal organ involved; and supposed it to be a chronic inflammation, with perhaps thickening of the coats and ulceration. The idea of cancer of the stomach occurred, but as he rarely ever *vomited*, and as his complexion was *darker* than is usual in such cases, this idea was rejected. I gave him such medicines as the

symptoms appeared to call for; and after three or four weeks' attendance, his *usual* health was re-established; after which I left him, and did not see him again until the following April, (1857,) when I was again sent for. He had passed the winter without more than his ordinary suffering. A short time before my visit, he had been from home, visiting some friends several miles distant, and had indulged in eating more than was his habit. When I saw him on this occasion a great change was perceptible in his condition: he was suffering more, and was more reduced in strength. The remedies used in my former treatment seemed now to do him no good. For two weeks he continued in about the same state; after which he grew worse daily until his death, which took place in the latter part of May. The only position that he could assume to give him ease was to rest upon his knees and elbows; which position he was of course unable to maintain continuously for any length of time.

As he became more emaciated, a hard pulsating* tumor, of considerable size, could be distinctly felt in what I supposed to be the stomach. Dr. Sappington was now called to see the case in consultation with me. He had seen the patient frequently before, during his many years of complaining, and had labored under the same embarrassment in diagnosis as myself and others. We agreed that it was a disease of the stomach, but as to its exact character we were unable to decide; but it was evident to us, that the patient could not last much longer. The tumor was *not* very painful to the touch: the patient suffered continually, but not *severely*. Palliative remedies were all that we now attempted to use. About two weeks before his death he began to *vomit* occasionally, after eating. The idea of cancer of the stomach was now fixed upon my mind. He soon began to vomit every time he ate or drank, but it was not until a day or two before his death that he vomited the *coffee-grounds* fluid, which is characteristic of cancer of the stomach.

I was particularly anxious, in common with the community, in which he, with his long sufferings, was extensively known, to make a post-mortem examination of this case. The family favored my request; and about twelve hours after death, assisted by Dr. Silas Scarboro, we proceeded to examine the body.

Upon laying open the abdomen, the omentum was found to be highly congested; the stomach occupying a lower place than usual, and the pancreas, much enlarged, rising immediately above, and crowding it (the stomach,) out of its natural position. Now the mystery was solved. When the tumor was cut into, it proved to be very firm and resisting, yielding a peculiar crying sound under the knife. It contained no fluid or medullary matter. The tumor was intimately united with the stomach, about midway between the cardiac and pyloric orifices. The part of the stomach that was connected with the diseased growth, which was about three or four inches square, was thickened to the extent of three-fourths of an inch, and indurated like the pancreas. The internal surface of the diseased part of the stomach was covered with minute perforations, as if pricked by pins. This part of the stomach presented a deep pink color, while the other portions were quite pallid.

Over the perforated structure there was a thick coating of fur, much in appearance like that upon the tongue. Neither of the orifices of the stomach were involved in the disease. The organ was but little below its normal size; its posterior part, however, which was attached to the pancreas, was somewhat contracted.

About two-thirds of the pancreas was in a diseased condition; the principal tumor was about the size of a man's fist. Traces of the disease, in tumors from the size of an almond down to a pea, were found scattered through the mesentery. The heart, lungs, liver, etc., were all carefully examined, and found in a healthy state. During the life of the patient, in his latter days, he had frequently drawn my

* Afterwards found to pulsate from its connection with the aorta.

attention to a spot, about the size of the end of the finger, on the anterior third of the sixth or seventh rib, on the left side, which gave him exquisite pain to the touch. In the post-mortem examination, we discovered that the rib at this point was entirely severed with *caries*. The patient could not remember that he had ever received any injury on the part, and had never experienced any pain there until a short time previous to his death. Was this caries of a cancerous character? I am unable to explain it otherwise.

This morbid growth of the pancreas and stomach has not been submitted to microscopic examination, but Dr. Scarboro and myself were perfectly agreed, from the well-marked appearances, in denominating the disease as the scirrhous variety of cancer. I have both of the organs carefully preserved in spirits.

Now the question will no doubt arise in some minds, after perusing the foregoing history, whether the disease originated in the stomach and extended to the pancreas, or was developed in the pancreas, and secondarily involved the stomach. I have adopted the latter opinion. For many years after the patient was afflicted with the disease, his digestion was but little impaired while in the use of ordinary diet; he scarcely ever vomited, and suffered but very little acute pain, such as usually attends carcinoma of the stomach; his pain, from which he was never entirely free, was of a dull, aching kind,—a constant *soreness*, or *weakness* across the stomach. The symptoms, such as pain, anorexia, vomiting, etc., which were developed in the last few months of the patient's life, were essentially those of cancer of the stomach; and as these had not existed to any extent in the years previous, we are led to the conclusion that this deadly disease first involved the pancreas, and then extended its ravages to the stomach; which, when fully established in this latter organ, terminated the patient's life by continual pain, conjoined with inanition.

This disease is interesting in two points of view: firstly, from its extreme rarity, (there being, according to Dr. Da Costa's tables of pancreatic cancer, only thirty-seven authentic cases on record;) and secondly, (which is consequent upon the first,) from its great obscurity during the victim's life.

It is a satisfaction to the physician to know the real character of the disease he is contending with, independent of the consideration of the treatment; and for this reason we should cultivate a knowledge of this affection; but, "after all," says the learned Dr. Wood, referring to this disease in his *Practice*, "an accurate diagnosis is of no great importance, as it cannot lead to efficient treatment."

Two Anomalous cases of Chills and Fever, and one of Rheumatism.

BY EDWARD H. SHOLL, M. D.,
Of Warsaw, Alabama.

I was summoned to a negro girl, æt. 18, who had fallen down senseless while washing. Learning that she had eaten some peaches, I gave some sodæ bicarb., which produced free emesis and copious perspiration, which relieved her entirely. I was summoned next day, at the same hour, and found her with the left eyeball drawn to the inner canthus, the mouth drawn completely to the left side, and downward; the left forearm tightly flexed on the arm, the left leg also flexed on the thigh. Around the elbow and knee joints, three inches each way, the skin was icy cold to the touch, while the hand and foot were pungently hot; the arm and leg were in constant rotatory motion. A teaspoonful of chloroform and quarter of a grain of morphia soon calmed her: copious perspiration and relief of these distressing symptoms followed. Fever then rose. The right half of the body was normal in condition, till the fever rose. The stomach being irritable, sufficient quinine could not be given to entirely prevent the recurrence of these symptoms, which ensued, though in a much milder form, the next day. She had a speedy recovery.

2d Case.—I was called, at 9, A. M., to see a girl, æt. 13, a frequent subject of epileptic

fits, who was suffering intensely from colicky symptoms. She had eaten nothing for breakfast, and but a light supper the night before. Nothing given would relieve the great distress till at 4 o'clock, P. M., a tablespoonful of ipecac. produced free emesis, followed by perspiration and relief. At the same hour the next day, the same symptoms presented themselves, preceded this time, as I was told by the mother, by chilly sensations. No relief was produced by any means till the treatment of the preceding day was adopted. There was no fever during the first attack, and but little during the second.

Quinine, administered freely during the night, prevented any further attack.

3d Case.—Rheumatism.—I have on hand a case of interest, viz.: rheumatism in an adult male, aged forty-six. He was relieved by appropriate treatment, but severe inflammation of the neck of the bladder supervened, and on the succeeding morning, on visiting him, I found that during the night he had become intensely jaundiced. The excruciating pain had nearly subsided; the jaundice also was slowly disappearing. Three gallons of bilious matter were ejected from the stomach during twelve hours yesterday. The treatment has been soda, gum arabic, water, buttermilk, nitro-muriatic acid externally, and cold water injections. His failing strength is being supported by milk punch, and though he is greatly prostrated, I hope for his ultimate recovery.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

Saturday, Nov. 6th.

Service of Dr. Wood.

In order to give the class an opportunity to see the results of treatment, Dr. Wood exhibited, at first, a number of cases which had been presented previously.

OXALURIA.

(See Report of Nov. 3d, p. 113.)

Case 1. A boy with oxaluria and œdema of the extremities; the œdema is much diminished, he is redder, and evidently less anæmic. The urine is not much changed yet.

Case 2. The man with phosphatic deposits and oxaluria, who has been taking nitro-muriatic acid. He is now improving, and the urine has less deposit.

ANÆMIA.

Young girl, anæmic, has had amenorrhœa. In anæmic cases, we generally have a murmur at the heart, but in this case, it has disappeared. Another test in anæmia, is the venous murmur; a murmur in the jugular vein from want of the proper proportion of red corpuscles, fibrine, and albumen. By applying the stethoscope over the jugular vein, causing her to turn her head to one side, by which we have slight pressure made upon the vein, diminishing its capacity, this murmur may be distinctly heard. But when the blood is rich and thick, it is not heard, or but slightly, as thick blood is not so readily thrown into vibration. Thus Dr. Wood had noticed in the thick, turbid waters of the Missouri river, that the waves made by the passing boat were slower in rising and falling than in waters which were clearer, and consequently thinner. The patient is taking iron, in the form of the carbonate, combined with aloes, to produce a slight effect upon her menstrual flow.

ENTERIC, OR TYPHOID FEVER.

Case 1. A man who came into the house with a hurried respiration, and feeble pulse, furred tongue, and cough; he presented evidence of an affection, like pneumonia. There was no rust-colored sputum, which is peculiar to pneumonia. To relieve the congested state of his lungs, cups were at once applied. On the right side, from top to bottom of the chest, sibilant râles were heard both in the expiration and inspiration; but there was no dullness. These signs were indicative of bronchitis. On the left side, there was a crepitant râle extending over a space of about two or three inches, but not all over that side. This is the first sign of pneumonia, a symptom of congestion of the lung, yet the tubes were still perfectly permeable.

This was not an ordinary case of pneumonia, or we should have had consolidation. It was bronchitis with approaching pneumonia, which has been arrested by the cupping. It is common to find this state of affairs in enteric fe-

ver, and hence a suspicion arose, which was confirmed, by finding, on an examination of the abdomen, little red spots. It is, therefore, a case of enteric fever, upon which has supervened this bronchitis. At present, the tongue is cleaning off; the abdomen is slightly tympanitic, and we find a number of these little red spots, which disappear under pressure, but immediately return when it is removed. The treatment is simple.

Dr. Wood's custom in this second stage of enteric fever, is to give

℞. Mass. hydrarg., gr. j.
Pulv. ipecac.
Opii. āā. gr. ¼. ɱ.

every two hours, till the mouth is affected slightly, and then lengthen the interval to four hours, but doubling the opium and ipecacuanha. His mouth is affected, and the symptoms ameliorated, and he will now take the opium and ipecac., in doses of a third of a grain every four hours. Keep him on milk and farinaceous diet. The pectoral affection is much diminished, if not completely gone. We may infer from the mildness of this case, that there is very little affection of the glands of Peyer.

Case 2. A man, who has just been brought into the hospital. We noticed a marked subsultus of the lower jaw. He lies in a stupor, his skin is pale, and cold and clammy; the pulse frequent, the tongue dry. By speaking loudly, we can arrest his attention, and he will obey our wishes. He has been sick twelve days, but as patients are generally sick some days before they cannot go about, we may consider that he is in the third week. His abdomen is tympanitic, and we notice the red spots; he has diarrhœa, and his stools are dark-green; he has also had epistaxis.

This is obviously enteric fever, and is going into the third stage. We will give him

℞. Ol. terebinth. gtt. x.

every two hours, and blister the back of his neck. He will require to be supported, and will take wine whey, and a milk and farinaceous diet. Oat meal is not so good when the bowels are loose.

SCROFULA.

A man with apparently scrofulous abscesses in the axilla. We will give him cod-liver oil and good diet; if he was anæmic, we would add iron. Dr. Wood has less confidence in iodide of potassium than in cod-liver oil. The object, in scrofulous cases, is to improve the character of the blood, and nutrition, and prevent a deposition of the peculiar matter of scrofula.

EPILEPSY.

A seaman, who has been for three months subject to epileptic attacks, occurring once a week. He had, for some time prior to these attacks, profuse epistaxis, which has been checked. Our indication is to obviate the congestion of the head; nature did so, by these attacks of bleeding from the nose; hence, we shall apply cups to the temples, occasionally, and also render the cerebral centres less sensible to the irritant impression, by means of certain medicaments. Some cause produces one or more of these attacks, and then they go on from the force of habit. The metallic tonics will be given, as the valerianate of zinc; the bowels kept open gently, by a mild cathartic, so as not to weaken him, and he will be allowed good diet.

These cases are extremely difficult to cure.

ANÆMIA CAUSED BY INTERMITTENT FEVER.

A man, who entered the house with an intermittent, occurring every third day, which has been arrested by 16 grains of quinine taken in one day. Besides this, he had œdema of the extremities, and some irregular action of the heart. These arose from one of two causes, the condition of the blood from the fever, or the state of the heart. The blood is now richer from the good diet which he has been using, and he has less œdema, and his heart less irregularity of action. Miasmatic fever operates by destroying the red corpuscles of the blood; and hence the yellow appearance from that and kindred diseases.

Service of Dr. Norris.

GUN-SHOT WOUNDS.

(See Report of Oct. 30, p. 112.)

The man with a gun-shot wound of the arm, previously presented, was shown. There had been a great deal of violent inflammation, which was now considerably diminished. A counter-opening had been made, and the pus flowed out freely. His general symptoms are good, but we must watch him closely till the sloughs are separated, and employ anodynes when necessary. There is much danger of his losing his life, from secondary hemorrhage, and he may lose his arm yet, as it will be necessary to amputate if hemorrhage should recur; in that

case, the chances of his ultimate recovery would be still less.

BURN BY NITRIC ACID.

(See Report of Oct. 27th, p. 98.)

The man who was burned by nitric acid, was shown with his sore sloughing. Inflammation has much abated. Continue the poultices.

SEVERE BURN.

(See Report of Oct. 30th, p. 112.)

The man with severe burns on his buttocks, etc., had the sloughs separating. It will be necessary to support him carefully, as, in consequence of his former habits, delirium tremens and sinking are very liable to ensue. Stimulate, therefore. He is also liable to be seized with internal inflammations, as of the lungs, etc., and would soon sink, if such a complication should supervene.

PATHOLOGICAL SPECIMEN.

Dr. Norris exhibited a specimen from a man who had been killed by his head being jammed between the cars and a post. There was found to exist a fissure at the base of the skull, extending from one temporal bone to the other. There was much bleeding from the ears when the accident occurred, and this is a diagnostic sign.

Such cases might live two weeks, but generally die in a day or two. They would ultimately die from the effects of suppuration at the base of the brain.

It was found that his kidney on one side was much larger than usual, while the other was merely rudimentary.

FRACTURE OF ELBOW.

(See Report of Oct. 27th, p. 97.)

The man with his arm fractured by a fall from the cathedral, was shown. The effects of the shock have gone off, and his arm is suppurating freely; the inflammation is much diminished. He is supported by quinine and porter. It would be better, on account of the irritation from the arm, to amputate, but he is not in a state for it, and it will be removed when he has gained more strength.

WEDNESDAY, Nov. 10TH.

Service of Dr. Wood.

ENTERIC FEVER.

(See Report of Nov. 6th, p. 129.)

Two cases presented—one is convalescent, nearly well. The other, a young man who was before the class last Saturday. You remember his condition then, and that he was put upon the use of oil of turpentine, soup and wine whey. Yesterday his comatose symptoms had not subsided, but some other symptoms had moderated, though his urine and fæces were still passed involuntarily, and he could not protrude his tongue. He ordered his head to be shaved, and a blister applied. This should not be put off too long when such symptoms persist. His tongue, which he can readily protrude this morning, is moist, the good effect of the oil of turpentine he has been taking. For a stimulant, he is taking a tablespoonful of brandy and two of milk, every two hours, also a few drops of laudanum occasionally, to check the diarrhœa. Patients in this condition must not be neglected. They must be stimulated. Give brandy, and give brandy enough. He knew a delicate girl in this house with typhoid fever, who took half a wine-glassful of brandy every hour for some hours. Notice the three prominent remedies in this disease:—In the first stage, diaphoretics; in the second, mercury, with opium and ipecac.; and in the third stage, oil of turpentine.

ANEURISM.

A man æt. about 60, pale, anxious expression of countenance. Was in last year with a murmur under the right clavicle, produced by disease of the artery—the supposition was, by an aneurismal tumour. He was anæmic, and iron was given with digitalis, the former to improve the quality of the blood, and the latter to control the action of the heart. He improved as to general symptoms, but the principal difficulty still remained when my term of service expired. And now he has returned with the same symptoms in an aggravated form. We will make a physical exploration. The right side you perceive is more prominent than the left, the interclavicular spaces being filled up as if the lungs were crowded up. Percussion gives a clear sound on the left; but it grows gradually flatter toward the right side, where we find it very flat below, a little less so in the sub-clavicular region, and clear at the side, under the arm pit. On applying the ear to

the chest, we find all over the right lung a rough murmur, which he can explain only by supposing that there is a large aneurismal sac here, which has extended considerably since the patient was in the house before, and crowds the lung. Believes the aorta is enlarged at its origin also, and that the heart too, is enlarged. This affection renders the patient anæmic and dropsical. There is apparent effusion into the right pleura, none in the left. Believes there is also effusion into the pericardium, and into the abdomen. The indications are to keep the blood in as good a state as we can, and control the action of the heart. Good nutriment, iron, digitalis, cream of tartar and juniper-berry tea should also be given as diuretics, and quiet be enjoined. This case he presumes will inevitably prove fatal, and the aneurismal tumor is liable to burst at any moment—but it *may* go on for some time yet, and the patient die of another disease. He can almost venture to say that the aorta will be found enlarged from its origin, and that there are atheromatous deposits on the internal surface, in the neighborhood of the aortic valves, interfering with their action. You may always suspect aneurism when you find a patient in the condition of the man just before you.

The patients with oxaluria, (see Report of Nov. 6th, p. 128) were presented, and are both improving.

Service of Dr. Norris.

AMPUTATION OF ARM.

The hour was mostly taken up in amputating the arm of the man who fell from the Cathedral some two weeks since and fractured his arm, involving the elbow joint. (See Report of Oct. 30th, p. 112.) Dr. Norris was assisted by Dr. Neill, one of the surgeons of the Hospital.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

WEDNESDAY, NOV. 3D.

Service of Dr. Henry H. Smith.

LUMBAR ABSCESS.

A middle-aged woman was brought before the class, presenting a large, circumscribed, smooth tumor, about the size of the head of a child six years old, on the left side of the lumbar vertebræ. This tumor made its appearance about five months ago, and has gradually attained its present size. The skin covering it was of the natural hue, and the tumor being painless and easily yielding to pressure might perhaps be mistaken for a lipoma. When, however, the spinal column was carefully examined a well marked antero-posterior curvature, in the lower part of the dorsal region was observed. The patient stated that this had first been noticed about four months ago, or shortly after the tumor began to appear. Previously, she had suffered much uneasiness, with occasional pain in this part of her spinal column, and though ameliorated latterly these symptoms had not yet entirely disappeared.

When it was remembered that antero-posterior curvature of the spine necessarily indicates disease of the bodies of the implicated vertebræ, the suspicion would at once be created that such a tumor as this, was in fact, caused by an accumulation of pus. Careful examination was therefore instituted, and the sense of fluctuation having been desirably recognised, the opinion was expressed, that the case was one of lumbar abscess.

It is not considered desirable to evacuate this abscess, and the patient will return to her place of residence where she will be treated by her family physician.

DISCOLORATION OF THE CONJUNCTIVA FROM THE ABUSE OF NITRATE OF SILVER.

A middle-aged man who had suffered some time previously from an attack of conjunctivitis for which he had been treated elsewhere. The collyria employed contained a large proportion of nitrate of silver, and had been continued for a long time. The tawny, or brownish green discoloration of the conjunctiva observable, was the result. The case was presented to warn the class against an abuse of nitrate of silver in the treatment of affections of the eyes.

REDUCTION OF A LUXATION OF BOTH BONES OF THE FOREARM BACKWARDS.

A lad about 15 years old had fallen from a tree he was climbing, and luxated both bones of his left forearm backward. This occurred fully two weeks ago, and when presented for the first time for examination a few hours before the clinic, the swelling had so far diminished as to permit the nature of the injury to be recognised even upon superficial observation.

The lad was fully etherized and the luxation readily reduced. Dr. Smith commented especially upon the great advantage of the complete muscular relaxation induced by full etherization in these cases.

The arm was then surrounded by the turns

of a roller loosely applied and a well padded angular splint applied to the *front* of the limb to keep it at rest.

EXTIRPATION OF A NÆVUS OF THE CHEEK.

By Dr. Agnew.

The little patient next presented had been already exhibited to the class. (See Report of the clinic of Oct. 23d, in this Journal.) He was now brought forward for the purpose of extirpating the growth. This was done by Dr. Agnew who made two elliptical incisions including the tumor, which was then dissected out. A single trunk, the nutritious artery of the growth, was ligated, and the edges of the wound were brought together with hare-lip pins. The hemorrhage was trifling.

SATURDAY, NOV. 6TH.

VARICOCELE—LIGATION OF THE VEINS.

Dr. D. H. Agnew at the request of Dr. Smith, presented a young man, 21 years of age, laboring under a well-marked varicocele of a few months' duration. The disease was situated on the left side, the right being healthy.

Hernia is the principal condition with which varicocele might be confounded; but two symptoms enable us always to distinguish positively between these affections. In hernia, if reducible, when the tumor is returned to the abdomen, a finger placed on the external abdominal ring will prevent the reappearance of the swelling, even when the patient resumes the upright posture. Whereas in varicocele, although manipulation may cause the disappearance of the tumor by emptying the veins, yet, after the ring is closed by the finger, the tumor returns, and all the more rapidly, on account of the pressure on the venous trunks of the cord. In varicocele, moreover, if the surgeon handles the swelling he will readily recognise the swollen and contorted veins which communicate to the touch the sensation of a bundle of worms.

The disease recognised, if it be not well marked, may be treated palliatively, by means of a suspensory bandage with the use of cold applications, if any heat and redness be present in the parts. But if the case be severe, and the patient suffers much pain, as often happens, it is best to resort to some operation for the radical cure. Of the various plans proposed, all have for their object the obliteration of the distended veins. This may be accomplished by caustic, by pressure, or by ligature. Of these the ligature is generally preferable, and would be employed in this case. Several forms of ligature have been used. It was not necessary to go into a detailed account of these; that which would be employed here would be applied as follows:—

The distended veins were to be separated by manipulation from the vas deferens, which would readily be recognised by its wire-like hardness. Having pushed this back, a needle armed with a double ligature was to be passed *behind* the veins and brought out so as to leave the *loop* on the side from which the needle was passed. It was then to be returned through the same orifice, passed in *front* of the veins, and brought out at the point of starting where it was to be passed through the loop. Traction made on the free extremities would then, of course, firmly constrict the veins, and the ligature having been drawn with sufficient firmness, would be secured by tying its ends around a small roll of adhesive plaster.

Compression of the skin would thus be avoided. The ligature was accordingly applied as stated, and we learn the patient is since doing well.

Besides this patient, a *case of congenital cataract of both eyes*, and a case of *gangrene of the forefinger*, the result of a severe contusion, were exhibited; and the child from whom the nævus was removed last day was brought forward to show the after treatment. The child is doing well. Our space does not permit us to enter into the details of these and the other cases presented on this occasion.

PHILADELPHIA COLLEGE HOSPITAL.

Service of Dr. Halsey.

WEDNESDAY, NOV. 3.

AMAUROSIS.

A colored man, aged 60; has been blind two years; can give no cause for his misfortune; has always done general labor; his health has always been very good, except that for several months he was troubled with a pain in the head. He is now totally blind, and is unable to distinguish light at all. The patient came here first about six months ago, and although a most unfavorable prognosis was given him, at his urgent request to have something done that might possibly afford him a slight relief, or give him some hope, he was put under treatment.

This consisted of the internal administration of the bichloride of mercury, 1–12th of a

grain three times a day, and the introduction of a seton in the back of the neck. After taking the medicine and following directions for six weeks, he says he thinks he is no better, except that his head feels better, the headache having left him.

This is nothing more than we predicted, and expected. When amaurosis has existed so long as this has done, and sight has been totally or mostly lost, your prognosis should be unfavorable, although we have had patients here who were nearly blind with amaurosis, and in whom the disease was of much longer standing, and yet have made an excellent recovery under treatment similar to that of this patient. It is sometimes the case that you will meet with persons who are partially blind with amaurosis, whose pupils, instead of being clear and perfectly black, as in the healthy eye, you will observe to have a dark-greenish appearance, which resembles somewhat a hard cataract.

As such cases are liable to be taken for cataract, it is very important to be able to distinguish one from the other, and as amaurosis is a disease of the retina, and cataract an opacity of the lens, the catoptric test will afford the ready and unequivocal means of diagnosis. For the surgeon accustomed to treat diseases of the eye, even this method of diagnosis will be seldom necessary, as he will readily distinguish the deep-seated discoloration of the pupil, in these forms of amaurosis, from the more shallow opacity of the crystalline lens.

FIBROUS TUMORS OF THE SKIN.

A colored man was brought before the class, who had upon each cheek, just anterior to the angle of the lower jaw, a small hard and oval tumor, one the size of a filbert, the other that of a large pea. They were perfectly movable, and seemed to be imbedded in the dermoid tissue. The patient noticed them first more than two years ago. They never have been painful, or caused any inconvenience except from their bulk, which interferes with his tonsorial operations. Dr. Halsey first pierced one with a tenaculum, in order to obtain a good hold upon it, and then made a semilunar incision upon each side of it. A few strokes of the scalpel freed it from its seat. The other was treated in like manner. The lips of the wound were then adjusted, and united by sutures, and water dressing applied.

Upon laying open one of the tumors, it presented a firm, hard, white and fibrous appearance, the character of the tumor being that of the fibro-cellular of Paget.

JEFFERSON COLLEGE HOSPITAL.

WEDNESDAY, NOV. 3D.

Service of Dr. Dickson.

Ascites.—John M., aged 43 years, presents great abdominal tumefaction, having, at a glance, the appearance of dropsical effusion. Previously to the last two months, he had occasional swelling of the stomach, which, according to his account, lasted but two or three hours, and then disappeared without resort to medication. Since that time, however, the abdomen has gradually become enlarged, and the tumefaction persistent. During the last ten days, his lower extremities have become œdematous. He is pale, debilitated, and has evidently lost flesh greatly. About twelve months ago, he received a bayonet wound, which does not seem, from the present appearance of the cicatrix, to have penetrated beyond the skin. The swelling of the abdomen came on after the receipt of this injury, but there is no means of knowing whether they occupied the relation of cause and effect. If the wound had been deep, the supervention of peritonitis, and the effusion of serum when it assumed the chronic form, might explain the phenomena.

The patient suffered from great nausea and thirst, and, according to his own probably exaggerated account, has forty evacuations from the bowels daily. The tongue presents a deep red appearance; the urine is also highly colored, and although not in greater quantity than in the normal state, the desire for micturition is frequent and urgent. He has had pain in the left side for two or three days, but it has disappeared. There is induration and enlargement of the liver distinguishable below the tense abdominal walls. Respiration, when the patient is in a recumbent posture, is painful and labored.

The sensation of fluctuation is distinctly conveyed to the finger, when palpation and percussion are practised over the abdomen. This case is without doubt one of Ascites, and has progressed beyond hope of relief from medical assistance. It is now a surgical case, and Paracentesis is probably the only means of relief. There is probably some extensive visceral disorder which gives rise to the dropsical effusion. Without inquiring minutely what this may be, the case will be transferred to the surgical clinic. For the present no system of

medication is recommended; nutritive fluid aliment, such as milk, strong soup, &c., should be given the patient.

Service of Dr. Gross.

HOUSEMAID'S KNEE.

Mary Anne F., aged about 28 years, presented herself to the class with a movable tumor seated directly over the patella, not extending, however, into the knee-joint. There is no discoloration of the surface except from a previous application of tinctura iodinii, under the use of which, applied twice a day, the tumor has been very perceptibly diminished in size. The iodine application is not a means of radical cure, but a palliative only. There has been no external injury; it is the result of a spontaneous inflammation. The synovial fluid will be found to be much thicker than natural, in consequence of interstitial deposits, and the membrane more vascular. The case is an illustration of what is familiarly called "Housemaid's Knee," which is an inflammation of a bursa over the patella, attended with effusion.

A radical cure may be effected in various ways. It may sometimes be necessary to make an incision, and introduce a tent to prevent union from taking place. The injection of iodine, the seton, &c., have all been employed for the same end. If the seton be had recourse to, it should be retained for three or four days or more, according to circumstances. Another method is to make an incision and introduce a bougie, which should be left in the part for two or three days. The treatment, in other words, is very similar to that for hydrocele; the indications being, in both cases, much the same. The present case is treated by the introduction of a seton; cold applications being made to the part, and, after 24 or 36 hours, the foreign substance must be removed.

DOUBLE HYDROCELE.

Frederick K., 49 years of age, had a swelling about six inches long, on the left side of the scrotum, of seven years' duration, and a similar tumefaction of the right side, of four weeks' duration. According to his own account, he has never had hernia, nor any syphilitic disease. The tumor on the left side is very sensitive; both fluctuate. There is a solid mass at the lower part of the scrotum, which is probably the testicle. This is not its usual position; it is generally to be found at the junction of the inferior third, with the two upper thirds of the scrotum. There is no discoloration of the integuments, and no enlargement of the veins. This fact, and the long-continuance of the tumor on the left side, distinguish the case from encephaloid disease or syphilitic sarcocele. The swelling on that side is pyriform, as is generally the case in hydrocele.

The mass had never been reducible, and cannot be made to disappear when taxis is practised. Therefore, if it be a hernia, it cannot be a reducible form. But the spermatic cord can be distinguished high up, near the external ring, without any enlargement, and there is no gurgling. The differential diagnosis of these affections must be clearly made out before the tumor is surgically interfered with. The presence of two tumors prevents us from employing one means of examination that might otherwise enlighten us, viz.: the translucency of hydrocele, when a lighted candle is held on one side of the scrotum.

In the uncertainty of diagnosis, an exploring needle was introduced at a comparatively soft part of the tumor, in its lower part, but sufficiently remote from the testicle to avoid injury to it. The needle entered a cavity, and a drop of fluid exuded. The case is not a fibrous or cancerous tumor, but a simple accumulation of serum in the tunica vaginalis testis,—a hydrocele.

In addition to this condition, there may be inflammation of the testicle, but it is impossible to say how extensively it may have involved that organ. Pressure upon the testicle often affects it, sometimes diminishing its size; the spermatic cord remaining sound. The affection of the tunica vaginalis may arise from external injury, from enlargement of the testicle, &c., but very often from no assignable cause. If left untouched, hydroceles may become enormously developed. Gibbon, the historian, suffered from the inconvenience of a hydrocele which contained a gallon and a half of fluid. Hydrocele on both sides does not occur in this country. Hydroceles are very frequently met with at birth.

Besides the mere drawing off of the water, a seton may be introduced, whose presence will excite inflammation, and thus produce obliteration of the cavity, by the effusion of plastic matter. Care is always required to avoid injury to the testicle, a wound of which might give rise to violent inflammation. The liquid of hydrocele is coagulable on exposure to heat or nitric acid.

The patient must be put to bed immediately after the operation, half a grain of morphia be given him, and when inflammation supervenes—as it must necessarily do—in order to ensure a successful result, cold water dressings be applied; the patient put on light diet, &c.

HYPERTROPHY OF THE SUBCUTANEOUS AREOLAR TISSUE.

Benjamin J., 17 years of age, had considerable enlargement of the foot and leg extending almost up to the knee. There is great induration and firmness, but the skin is not tuberculated. There is an opening at the heel, which exhibits the fact that there has been caries of the os calcis. There is no pain in the limb now, but the first appearance of the disease was attended with great pain. The affection had lasted for several years, and the tumefaction is not more than one-third or one-half its former size. The induration is on the anterior and lateral portion of the limb. There is a striking resemblance in the appearance of the limb to that of elephantiasis. This case, however, is mainly a hypertrophy of the subcutaneous areolar tissue, with a partial degeneration into fibrous tissue, the skin being but little involved.

The history of the case is probably this:—at first, inflammation, which has been succeeded by a deposit of plastic matter. This failing to be taken up by the vessels, has become organized into a kind of fibrous tissue. The appearance of the external integuments in these fibroid degenerations, is different from that presented in elephantiasis; in the latter affection it is roughened and tuberculated, the skin being quite as much involved as the subcutaneous cellular tissue.

The treatment adopted in this case is as follows:—perfect rest, elevation of the limb; the external application of tincture of iodine; (tincture, of iodine one part; alcohol, four parts;) twice a day, over the whole limb, as far up as the knee, and after each such application, a firm bandage. These measures must be persevered in for ten or twelve days. The use of the hot douche immediately followed by the cold, must then be commenced. Careful attention must also be paid to diet, &c.

Internally, he will be placed under the sorbefacient influence of iodide of potassium, the general plan of treatment being to act upon the morbid condition, locally and constitutionally.

℞. Potass. iodidi, gr. viii.
Hydrarg. chlorid. corrosiv. gr. 1–12 M.
This dose to be repeated three times daily.

Every third night, purgation by a combination of compound extract of colocynth, jalap and mercury.

VARICOSE VEINS.

Barton M., aged twenty-three years, has varicose enlargement of the veins just above the ankle. The case was treated by the application of Vienna paste, for the sake of forming issues over the part affected. This operation is not wholly devoid of danger; phlebitis sometimes supervening, which has occasionally resulted in the death of the patient. The object of the treatment is the coagulation of the blood in the interior of the vessels, and obliteration of the vessels in this way.

Inflammation must be looked for, and treated by antiphlogistic means. The Vienna paste, which is a compound of caustic potassa and quicklime, was allowed to remain over the vessel for fifteen minutes, and then removed.

RESULT OF A CASE OF LITHOTOMY.

The results of two cases were exhibited to the class; one in the child operated on October 20th, for stone in the bladder. The operation has been perfectly successful; the wound has united throughout, and the patient has not had any bad symptoms following the operation. With the exception of a little morphia on the day of the operation, it has not been necessary to give him any medicine since that time. The urine came *per vias naturales*, on the day after lithotomy was performed.

RESULT OF OPERATION FOR CARIES.

The result of the operation for caries (see Report of October 27th,) was also shown. Granulation is progressing remarkably well, and the cold water dressings are now to be replaced by an emollient poultice renewed two or three times a day, to promote suppuration. With careful attention to the patient's diet and secretions, he may be discharged in a few days.

Medical Societies.

NORTHERN MEDICAL ASSOCIATION.

DR. MAYBURRY IN THE CHAIR.

Oct. 8th. Subject for discussion, *Placenta Prævia.*

As the member who had been requested to prepare some opening remarks was absent, DR.

ATKINSON alluded to the debate on this subject, which had recently taken place at the Philadelphia County Medical Society, remarking that the tampon and separation of the placenta artificially, seemed to be much in favor with the gentlemen who participated in that discussion.

DR. HARLOW related a case to which he had recently been called in consultation. The woman had flooded all night, and appeared almost *in articulo mortis*, or, at least, was fast approaching that condition. He thought, under the circumstances, that *turning* would have resulted in her death, in consequence of the large quantity of blood already lost. The os uteri was still very rigid, and dilated only to the size of a silver dollar. No time was to be lost; he introduced his hand into the vagina, and with his fingers passed within the os, completely and forcibly detached the placenta, and withdrew it, according to the plan recommended by Dr. Simpson, of Edinburgh. The cord was cut, and the delivery left to nature. From the moment of this artificial separation, the hemorrhage ceased, scarcely an ounce more of blood was lost; the pains went on well, and in an hour and a half the child was delivered dead, but the woman was saved. This was a complete presentation of the placenta. In case the hemorrhage was not immediately alarming, and the os not dilated, he would use the tampon, which arrests the bleeding, and provokes the uterus to action by its presence.

DR. CURTIS had never seen a case, but having examined many authors, he had formed an opinion concerning the tampon, similar to that already expressed by Dr. H. Prof. C. D. Meigs seldom uses it; he dilates the os as soon as possible, and performs the operation of turning. Dr. C. had some consultation with an old practitioner, who had four cases, in all of which he saved both mother and child. This gentleman used force to dilate, and then delivered the child by turning. Dr. C. thought that, in the early stage, the tampon could always be employed with great benefit.

DR. BOURNONVILLE remarked that we have various forms of placental presentation. He considered that in the commencement, when the os was rigid, the tampon should be our resource; it might be made of sponges, linen, or a silk handkerchief. At the end of six or eight hours, the pains being strong, we might remove the tampon, and if the os was dilated, or dilatable, we could turn and deliver.

DR. SHAPLEIGH had a case which he supposed to be placenta prævia, and sent for aid; however, before it arrived, the head came down, and all went on well. He would ask, if we might not have the head pushing the placenta aside in coming down?

DR. FORT also had a case, in which he thought he could distinguish the placenta in front. Yet the head came down, and both it and the placenta came away together; consequently, he was unable to complete the diagnosis. He would like to know if the members present were decided as to delivering the placenta, or turning?

DR. HARLOW considered it best, where the flooding had been great, to detach the placenta entirely; it would not do to turn, as death would, in all probability, be the result of that operation, while the artificial separation of the placenta would be our only hope of saving the mother, though the child must necessarily be sacrificed.

DR. JOS. R. BRYAN said that everything was called placenta prævia, though only the edge came to the os. He had two such cases, and saw nothing in them specially alarming. Both were terminated favorably by nature, and the placenta showed on its surface, where it had been detached. We cannot go into the sick room, and find a rule of practice; circumstances will vary. The tampon was certainly much to be relied upon, and would give us time for further consideration. The labor would proceed slowly till a certain stage, and then we could pass the hand in on the side least attached, and turn.

DR. HARLOW, in reply to a suggestion, that it did not appear reasonable, that if a *partial* separation of the placenta was attended with profuse hemorrhage, the *total* detachment would arrest it, said this point is a paradox to all at the first thought, and had deterred many from adopting it. Dr. Simpson was a great observer of nature, and he noticed that in almost all cases, where nature effected the delivery, the mother was safe; taking his idea from this, he detached the placenta himself. He had reported numerous cases treated in this manner, as also had Dr. Trask, in his paper on placenta prævia, presented a few years ago to the American Medical Association. The cases, almost without exception, proved the fact, that complete artificial detachment would put a stop to the bleeding. Dr. S. explains it on the principle that the hemorrhage is from the placenta itself, rather than the uterus. Dr. Harlow had studied the subject somewhat, and thought the placenta, when partially detached, acted as a splint, keeping open the blood-vessels of the uterus, at the point of separation,

and when detached completely, allows them to close up. However we may explain it, it is an undoubted fact that the plan is eminently successful, and hence he had adopted it, under the circumstances previously stated.

DR. GEBHARD remarked that he had practised medicine 45 years, and attended some 3,000 labors, yet had never seen a case.

DR. LAMB was much pleased with the discussion. In the course of his practice he had encountered several cases. Soon after reading Dr. Simpson's reports, one had occurred. In this case, the flooding did not come on till the patient was in labor: the placenta was partially in the way, but the flooding was frightful. The presenting part appeared to be loose, and he had no hesitation in detaching it completely, and in less than an hour a living child was born. The flooding did not cease immediately after the detachment of the placenta, but moderated, and the patient was safe. The child came before the placenta. In the next, there was also a partial detachment, and tremendous flooding some ten days prior to the coming on of labor; but when parturition commenced, the discharge was moderate, and the tampon not needed; the pains being active, the descent of the head seemed to arrest the hemorrhage, in conjunction with a partial detachment of the placenta by the passage of one finger up as far as could be reached. This child lived, and the placenta came after it.

In the third, slight hemorrhage occurred some two months before the full time, but was checked by the patient being placed in the recumbent position. It recurred however, and the tampon was employed; a fortnight after this, the discharge became more profuse, the os uteri being not only undilated but undilatable, remaining very high, in a very narrow pelvis; the tampon was again introduced, a consultation with two other physicians having been held, yet nothing availed, and she finally died undelivered, at about the eighth month of her pregnancy.

The fourth case had flooding three months before the end of the term, for which the tampon was used. The discharge recurred profusely in ten days, and the tampon was again employed. When labor came on, the pains being active, the tampon was removed, the placenta detached and delivered, and after it came the child, dead. The mother recovered.

In the fifth case, hemorrhage occurred two weeks prior to the termination of the pregnancy. About twelve hours prior to labor, the discharge being very profuse, the tampon was used, notwithstanding which, she appeared alarmingly weak, and it was determined in consultation, the os being dilatable, to detach one edge of the placenta, introduce the hand, turn and deliver, which resulted without delay, in the delivery of a dead child, the mother only surviving about two hours. In this case, the placenta was detached and removed shortly after the delivery of the child. The small amount of experience which he has had, leads him to decide in favor of detaching the placenta. At an early stage, the tampon is useful, but if the os was dilated, or dilatable, we should detach, if possible. This procedure appears also, to produce action of the uterus, and increase the pains. In most cases, if we can detach the placenta, and push it out of the way, the head coming down arrests the hemorrhage.

DR. BRYAN also thought he had noticed the head push the placenta aside. With regard to the tampon, of all the articles used, he preferred a well worn silk handkerchief, or a piece of muslin. The latter should be in strips of the width of three fingers: of this, we can put in enough to plug the vagina, till it is impossible for the blood to ooze out. He used it, and having maintained it by a T bandage he could leave the patient in perfect confidence.

DR. MAYBURRY had never seen any cases, and from the experience as detailed here and elsewhere he was led to conclude that this accident was much less frequently met with in this city than he formerly was taught to believe. He thought many cases of accidental hemorrhage, as from mis carriage, or premature labor, were confounded with Placenta Prævia. Although practically he had no experience on this subject, he had no doubt in regard to the treatment that he should pursue. In the complete form, if the os uteri was fully dilated, the pains regular, strong and efficient, and the presentation and everything else so far as could be ascertained favorable, he might adopt Prof. Simpson's plan—detach the placenta, and, if necessary bring it away at once, and expedite delivery. Penetration of the placenta as recommended by some, he did not think expedient. He had a horror of turning, and would not resort to it unless absolutely necessary. He considered Dr. Harlow's explanations of the mode in which the hemorrhage was arrested by the entire detachment of the placenta, reasonable. In the incomplete form it had been recommended to press the placenta against the internal surface of the uterus, and keep it there,

until the head engaged. This he thought would be safe practice. In either variety and under all circumstances, if called sufficiently early, if he felt satisfied of his diagnosis, and there was danger to be apprehended from the excessive and continued loss of blood, he would at once resort to the tampon. This, to be of avail, must, however, be employed in the early stage—before the patient is exhausted from profuse hemorrhage. Then, if the natural powers of the mother prove insufficient to effect delivery, its employment will enable the practitioner to determine upon the best and most efficient mode of interference. He was partial to long strips as mentioned by Dr. Bryan, and he thought this form of tampon peculiarly adapted to cases of placenta prævia, as it may be gradually removed as the head descends.

In the treatment of accidental hemorrhage he had considerable experience, and very often found it necessary to resort to the tampon. He believed he had saved many a patient from impending death, and preserved many a fœtus, by means of it. Had used cotton, and likes it much; pieces of sponge, square pieces of muslin, or linen; a silk handkerchief, etc. Some German practitioners use tow. Whatever material he employs, he usually saturates it well with vinegar and water, or with a solution of alum, tannin, or acetate of lead in water, or anoints it with lard. The great object was to introduce a sufficient amount of matter to *fill the vagina completely*, and retain it there with a T bandage. The tampon may be allowed to remain from 6–10 to 24 hours without being removed. He usually changed it daily, but if necessary re-applied it for a number of days in succession.

Dr. Hatfield had seen cases of the partial presentation. In many, it appeared as if the head had come down, and taken the place of the placenta, which had receded, and the hemorrhage thereby been arrested. He remembered, distinctly, three cases. In one, slight hemorrhage occurred at six months, and occasionally afterwards; when the regular pains came on, the woman had immense hemorrhage, and placenta prævia was diagnosed. He had no hesitation in introducing his finger, passing it around, and detaching a part of the placenta; he then delivered by turning. The child was dead. In the next, he waited for a time, then carried his hand through the thin portions of the placenta, because it was a complete presentation, turned, and the child was delivered alive. The third case of Placenta Prævia at full time, which he has seen, was in consultation; the patient was low and weak; the uterus not dilatable; he could not introduce his hand, and therefore, concluded to wait and watch for an opportunity, meanwhile, stimulating the patient. Ice seemed of great benefit, and he placed it on the abdomen, and allowed it in the patient's hands and mouth. She took also lead, and other astringents. Slight hemorrhage occurred occasionally, and in two hours, he was enabled to deliver her of a living child by turning. He did not use the tampon here, as then, he would have no chance of knowing the progress of the labor, and internal hemorrhage may go on without our knowledge. He never had detached the placenta, etc., because this endangered the life of the child unnecessarily, as the order of Nature in delivery is inverted, that which in the natural order of things comes last is now first, and we are never sure of having pains ensuing immediately after this detachment. There was one point he would like to impress on the minds of those present, and that is, we may use other means with the tampon to arrest hemorrhage. Ice, with astringents and stimulants as before mentioned, was of essential service, as he had seen in several cases. In early hemorrhage, the tampon might be employed with great advantage, but should not be entirely relied upon.

Dr. Bryan would only interfere with the placenta when the uterus was contracting, and we had reliable pains. We would be guilty of malpractice, if we were to detach the placenta, and the patient died. He leaves the tampon in for twelve to twenty-four hours, and not beyond, or, as we have a secreting surface, we would be liable to have putrefaction. Changing it night and morning, would be often enough.

Dr. Harlow, in defending Dr. Simpson's plan, said that he detaches the placenta only in certain cases, where the life of the patient was in danger. He would say with Dr. Hatfield, turn if you can with safety to the mother, as we may thus also save the child. The question before us was one of practical importance, and not of mere theory. Fortunately, experience had corroborated the safety of the practice of artificially separating the placenta, even in cases which would be otherwise hopeless. In reply to Dr. Bryan, he would say that the introduction of the fingers in the act of detaching the placenta, is the very thing to excite the contraction of the uterus, as we all know that by passing the hand into the flaccid womb after delivery, we often bring on forcible contractions.

Dr. Osler thought the introduction of the

tampon would be likely to induce contraction. He would hesitate to pack with a tampon, if there was a chance to deliver early. In view of the fact, that we can control the contractions of the uterus, it would be safe to detach the placenta. He could not speak from experience, but from the opinions of others, he would feel tolerably safe in relying upon the tampon in the early stages.

DR. HATFIELD had seen flour employed to block up the opening and arrest the discharge.

Adjourned.

Editorial.

THE MEDICAL STUDENT.

The collegiate divides mankind into two great classes—those within the college walls, whether greenys, sophs, juniors, or seniors, are "Fellows," while all the outside world are "Snobs;" and all grades of the former will unite to resent an insult by the latter to the humblest of their number. So when a young man makes choice of the medical profession, and enters its ranks as a student, no matter how humble his position, he forms a constituent part of that profession, and will always find its members ready to stand by and defend him, so long as he is worthy of their support.

A newspaper of this city—the *City Item*—in a recent article, does manifest injustice to a very worthy class of young men, viz.: our medical students. It says,—

"Their education, it must be allowed, is (in the majority of instances) neither finished nor respectable. They will pardon us for so severe a statement; but we make it because it is true—we make it because it should not be true, and because we wish to do them some good. It is true. A visit to the lecture rooms of our colleges will prove it to be true. What description of young men are to be seen in these places? The roughest we ever saw in our lives. Most of them have a Texan Ranger look. No body in the world would pronounce them to be refined, liberally endowed young gentlemen. Hair as long as that of a savage, moustaches as fierce as the whiskers of a tiger, a reckless expression of the eye, a long, shuffling, clumsy gait, sword canes, dirk knives, revolvers, attire very unfashionably made, hard swearing, hard drinking, coarse language, cigars, tobacco quids, and pools of tobacco spittle are too prominent barriers for the formation of so flattering a judgment. The picture is not overdrawn. We might make it a great deal less flattering, and then we would be absolutely true."

Now, we join issue with the *Item* on the above statements, and say that they are harsh, and destitute of foundation in fact, as regards the large majority of the students. We are willing to admit that there are in our colleges, young men whose early education is sadly deficient, and some whose qualifications better fit them for almost any other pursuit than that of medicine, but to assert that this is true of a majority, or even of any considerable portion of them, we hesitate not to say is very far from true. The writer of that article evidently knows nothing of student life. The student is a genus by himself, and no more the type of the future physician, to the uninitiated, than is the chrysalis of the future butterfly.

Our medical students are gathered from every section of our widely-extended domain, and from foreign countries. They often journey thousands of miles to get here, and they bring with them the fashions and customs that prevail in their respective neighborhoods, and it is not to be wondered at that on their first arrival here they should present a somewhat uncouth appearance to the unpractised eye. They are not to be judged of by that abortion of humanity—a Chestnut street dandy. We venture to say that five-sixths of them belong to the most refined and educated classes in their respective neighborhoods, and that there, as here, separated from the peculiar characteristics of "student life," they make a very different appearance from that which they assume while attending lectures. Let our critic witness these same young men when they receive their diplomas next spring, and the following spring, and he would scarcely recognise them—not one bit more than in the editor of today he would recognise the "printer's devil" of twenty-five years ago. We venture to say that the editor of the *Item* himself cut but a sorry figure for an editor a score of years back.

We know not that he was ever a "devil" himself—he may have been born an editor—but he certainly has room for improving his knowledge of medical students and their habits.

The assertion that "medical students are a contemned, despised, disrespected class," in this city is simply untrue, as we can testify from personal observation, and hundreds of others can do the same thing. On the contrary, they are highly respected as a class, and receive very flattering attention from our citizens of all classes. The crowded audiences of the youth and beauty of Philadelphia, that assemble every Spring when the diplomas are conferred, are evidence of the interest felt in them here, and this is but one evidence out of many that might be adduced.

While depreciating the character of our students, to place them if possible in a still worse light, our critic exalts the attainments of students in foreign countries above the position that is warranted by facts, if we can judge from our foreign medical periodicals. With all their advantages over us, the European schools send out some very unworthy young men. Some very sorry specimens have brought their diplomas to this side the Atlantic.

Our own judgment in respect to the students in our colleges this winter—a judgment founded on extended means of observation, on personal contact with them, and on a knowledge of the peculiarities of "student life," is, that they are as a whole, a very superior class of young men, and that they will do credit to themselves, to their instructors, and to their chosen profession.

Medical News.

MARRIAGES.

CARTER—RATCLIFFE—On the 28th ultimo, in Washington city, by the Rev. John P. Carter, Dr. John Calvin Carter, of Chester county, Pa., to Miss Emma Irene, youngest daughter of the late Luther Ratcliffe, Esq., of Baltimore, Md.

LEVY—LANDER—In New York, by the Rev. Mr. Waterman, Abraham G. Levy, M. D., of Brooklyn, to Miss Anne Landaur, of Munich, Germany.

GRIGGS—BACKUS—In Brooklyn, N. Y., on Friday, November 12th, S. C. Griggs, M. D., of West Killingly, Conn., to Miss Harriet, daughter of Rev. Samuel Backus, of Brooklyn.

JONES—MULFORD—On the 10th inst., Joseph E. Jones, M. D., of Westchester, Pa., to Emilie M. Mulford, of this city.

PARKS—RUPERT—On the 9th inst., at Bloomsburgh, Pa., Wm. H. Parks, M. D., of Tiffin, Ohio, to Miss Clara, daughter of Hon. L. B. Rupert, of Bloomsburgh.

SCUDDER—CONOVER—In Freehold, New Jersey, on Thursday, Nov. 9, by the Rev. Henry M. Scudder, of Arcot, India, Dr. S. Downer Scudder, of New York, to Miss Marianna Conover, eldest daughter of the late Jacob Conover.

DEATHS.

THOMAS—In Blair county, Penn., on the 26th ult., of organic disease of the heart, Dr. G. D. Thomas, in the 43d year of his age.

THRASHER—In Fort Wayne, Indiana, of Typhoid Fever, Martin E. Thrasher, M. D., of New York, formerly of Vermont, aged 26 years.

A Committee of the New York Senate has been for some time taking testimony, bearing on sanitary laws for the city of New York. Most of the distinguished members of the profession of that city have given their testimony before the Committee, which, as far as we have observed, was uniformly in favor of a *medical* sanitary commission or police.

There was a meeting of the profession last week bearing on the subject, which was very largely attended, and whose action was marked by great unanimity. We hope to be able to present our readers with an authentic account of it soon.

ERRATA.—In the report on p. 100 in our sixth number in the second column, line 26 from top for "enormous" read "*endogenous*" —and in lines 45 and 46, read as follows, "the outer capsule was mainly composed of well developed, the endogenous growths mainly of undeveloped connective tissue."

In the prescription on p. 119, near the bottom of the first column for "Hydrarg. Chlor. Corrosiv. gr. $\frac{1}{2}$"—read "*Hydrarg. Chlor. Corrosiv. gr.* $\frac{1}{12}$." This is an important error, and our readers should correct it in their copies.

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 110. PHILADELPHIA, NOVEMBER 26, 1858. NEW SERIES, VOL. I. NO. 9.

Original Communications.

[The following communication from the pen of a practitioner of age and standing, we commend to the notice of our readers. It discusses a subject which we have presented to their consideration on several occasions, and we trust that it will continue to be discussed, until the organized portion at least, of the profession, take such measures as will remove the evils which are complained of.—Eds. Med. and Surg. Rep.]

To what Cause are we to attribute the diminished respectability of the Medical Profession in the estimation of the American Public?

Messrs. Editors: Permit me, through your columns, to present a few truths for the consideration of your readers. Did I not consider the subject of vital importance to the interests of the profession, no cacoëthes scribendi could have induced me to take up my pen. Without further apology, I propound the question, *To what cause are we to attribute the diminished respectability of the medical profession in the estimation of the American public?*

That such, in fact, is the present position of the profession admits of no dispute. Compare the standing of the profession now-a-days with what it was even forty or fifty years ago. Medicine was then considered one of the most dignified of the learned professions, and physicians treated with that courtesy to which they were so well entitled. Physicians were *the gentlemen*, and in their intercourse with each other, their *esprit de corps*, their punctilious regard to etiquette, they manifested their worthiness of their high position. "But how art thou fallen, O Lucifer, son of the morning!" An aged physician, who is still in the harness, observed to me a few weeks since, "Medicine is now-a-days but a small affair." What adverse causes have been operative in this great change? It will not certainly be urged that there is less learning and less intelligence in the profession than in bygone days. Physicians are now confessedly, better educated, have better training, more extensive and varied knowledge than in days of yore. I must, however, qualify this admission. The facility with which doctors are made now-a-days has crowded the ranks with many unworthy aspirants. During that period, in the State in which I reside, when examinations for licensure were had before the District Medical Societies, I have sometimes been astonished at the modicum of mental furniture which some of the young men possessed; these men, too, had their diplomas. With these exceptions, I admit that physicians of the present day are in advance of their predecessors. Yet in the position which they occupy in society they are far behind them.

It will be my object, in the prosecution of this subject, to point out some of the causes which have operated in bringing about this state of things. Perhaps one great reason of this state of things is the fact that the profession of medicine, as well as that of law, is greatly overstocked; and it is a natural consequence, that where there is an excess of a commodity in the market, its value should be proportionably diminished. Every little hamlet has now two or three physicians, where one physician, forty years ago, did the entire practice of half a dozen such hamlets with their surroundings.

In the further investigation of this subject, I will, however, look no further into outside influences, and will pass by charlatanry and its countless *pathies*, and look among the ranks of the profession itself for its present low position.

I could enumerate a great number of causes which have been operative in producing the present standing of the profession. I will, however, at present notice but three. These are, intemperance, undercharging, and attending families by the year at a stipulated charge.

1. *Intemperance.*—I could, under this head, "many a tale unfold," which would mantle the cheek with a blush, and suffuse the eye with a tear, at the frailties of fallen humanity, but disinclination and the limits of a "weekly" both forbid the attempt. Suffice it to say, that the "drunken doctor" has been powerfully influential in lowering the estimation of the medical profession.

2. *Undercharging.*—Whilst I would deprecate exorbitant charging for professional services, I maintain that the medical man should be amply remunerated for his labors. This item of *mean undercharging has done much to lower the profession in the estimation of outsiders.* Indulge me in a few *anecdotal illustrations.* About forty years since, I was called to a family in good circumstances, to reduce a dislocation of the humerus in a young man of the household. I charged five dollars for my services. I was reminded that Dr. B——, a young physician, and nearer to them by two miles, had a few years since reduced a similar dislocation for this same young man, and charged twenty-five cents! I did not, however, abate one cent on my charge, and I retained the practice of that family for years after—even until death broke up the household.

I was the family physician of Mr. V——. He was possessed of ample fortune. At one of my professional visits he told me that he had sent some time since for Dr. ——, to visit his negro man. He had given him a dose of salts before sending for the doctor, who on his arrival told him that "as he had begun with salts he might as well keep on with them." What is to pay, doctor? "About two and sixpence,"—thirty-one cents. The doctor came about three miles. The old gentleman laughed very heartily whilst relating this anecdote. Had the doctor charged him one dollar, he would have thought a great deal better of him. I came further, but charged him from one dollar and fifty cents to one dollar and seventy-five cents for every visit. I retained this man's practice for years.

Towards the close of an attendance of ten or twelve days, in a family of ample means, in consultation with Dr. ——, I told the doctor that there should be some correspondence in our charges, and asked him what he had intended charging for his services. He "thought that about five shillings (sixty-two and a half cents,) would be a fair charge!" This gentleman is a graduate of the University of Pennsylvania, and has a very large practice; *cui bono?* I told him that I should charge three dollars for my first visit, and two dollars for every subsequent visit, making my charge over twenty dollars. Whether the doctor altered his mind, and added to his intended charge, I know not.

In all these instances, my charging higher than the others did me no injury. It has not always been so. A mechanic who is able to pay, and whose family I had always attended, observed that he had nothing against me, but liked me very well, but I charged him one dollar for coming two miles, whilst Dr. ——, who came four miles, charged him only five and six shillings for a visit. This policy of low charging by the doctor has got him a number of families which I formerly attended. I do not think it, however, to his credit, and he will in time realize it to be a losing concern. About one-third of a doctor's bills he may count upon as lost. A man commencing by under charging, will always find it difficult to raise his charges.

3. The last head that I intend noticing, which has had an influence in demeaning our

profession in the public estimation, is that of *attending families by the year, at a stipulated rate*,—in almost every instance a very inadequate one. I have ever considered the hiring out of myself to the lowest bidder, to be so unworthy of the profession which I have espoused, that I have never in a single instance, in a practice extending over forty-seven years, contracted with a family by the year. I have considered it not only disreputable, but unfair. Neither party are ever satisfied. Should there be but little sickness, the family are dissatisfied; should there be much sickness, the doctor is not contented. I recollect an instance where a young doctor, in his anxiety after practice, contracted to attend a family for five dollars a year. The season became sickly, and this family suffered largely. The attendance upon them, with moderate charging by the physician, would have been over fifty dollars. This family were in good circumstances. In the way of contracting by the year, the stipulation to be paid the doctor has generally been about five dollars per family. Can any influence act more unfavorably upon the interests of the profession than this? The doctor not only injures himself and his family, but seriously injures the profession. I was very much gratified that our District Medical Society took action on this subject, and declared, by a unanimous vote, that they considered it disreputable in its members to contract to attend upon families by the year for a stipulated amount.

To the foregoing causes, which have operated so prejudicially on the interests of the profession, I could add many more. But perhaps I have written enough: *verbum sapientibus*. I think I have pointed out the mine from which, if the fuse which is now burning be not speedily brushed away, a most fearful explosion is inevitable. The remedy lies within ourselves. Let physicians be true to themselves and to their profession, and both will remain unscathed.

Truly yours,

PROBE.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

SATURDAY, Nov. 13.

Service of Dr. Wood.

Reported by T. A. DEMME, M. D.

CIRRHOSIS OF LIVER.

A case of great interest, as regards diagnosis, was presented in a patient whose abdomen was much distended, and lower limbs enlarged.

This enlargement of the abdomen might result from collection of gas or of water in that cavity; if there is gas in the abdomen, percussion will give a clear, tympanitic sound; if water, a flat sound: in this case, percussion gives a flat sound, there is, therefore, very probably, liquid in the cavity of the abdomen. To confirm this opinion, upon gently striking one side of the abdomen, a wave-like motion is felt by the hand placed upon the other side; the slight blow agitates the liquid, and the fluctuations are felt and seen.

But the limbs are also enlarged, and upon pressure they pit; this is indicative of dropsy of the cellular tissue, perceptible, as a general rule, in the lower extremities, in consequence of the fluid gravitating to the most dependent portion of the body.

Is there effusion into any other of the cavities of the body? Upon percussion over the lungs a flat sound is elicited, varying in its situation as the patient changes from a recumbent to a sitting position; there is, therefore, liquid in both pleural cavities.

How is the pericardial cavity? Upon percussion we find an increased area of dullness over the heart. This dullness may be owing to hypertrophy of the heart, or to effusion into the pericardial cavity; the probability is that it is owing to effusion.

Auscultation will settle the question; for if there is hypertrophy of the heart, the sounds of that organ will be louder and stronger; if, however, effusion, the sound will be dull, muffled, which is here the case.

What is the cause of this ascites, (dropsy of the abdomen,) and the anasarca, (dropsy of the cellular tissue)?

Our first attention is directed to the kidneys; the urine, however, is normal, presenting no traces of albumen. We suppose the kidneys to be healthy. Upon auscultating the upper cardiac region, I detect a murmur; this implies disease of the semilunar valves. There

might also be mitral disease, but the sounds are so muffled that it is impossible to tell.

In consequence of this valvular disease, the circulation of the blood is impeded, venous congestions occur, and, at the same time, a defective supply of arterial blood goes to the organs, which in consequence suffer, and in turn the blood becomes watery; hence the anæmia so marked in most cases of heart disease: in consequence of the venous congestions there is a tendency to effusion, which is increased by the anæmic state of the blood. Therefore, one cause of this dropsy is disease of the heart: this is the cause, then, of the anasarca.

But what is the cause of the ascites—of the enlarged abdomen?

The liver is almost always the source of ascites, when depending upon disease of some one organ.

Is the liver enlarged in this case? How will you tell this? By percussion? The sound over the liver is flat, but over the abdomen we have a perfectly flat sound, in consequence of the effusion, and from the same cause we have a flat sound over the right lung.

Here is a practical point: let the patient lie upon his left side, the fluid will gravitate to the lowest point, and we will find the upper portion of the abdomen tympanitic, (in consequence of the intestines being buoyed up,) if the liver is not enlarged.

This is the case here, the liver is not enlarged, on the contrary, the clear tympanitic sound extends upwards, even beneath the ribs, where there should be dullness; the liver is, therefore, *diminished* in size.

There is an affection of the liver, in which that organ is diminished in size, and which is almost always accompanied with dropsy of the abdomen: this affection is cirrhosis of the liver.

Prognosis.—As many cases, so many deaths.

Treatment.—Tonics and iron for the blood, whilst potass. bitart., in infusion of juniper berries, is given as a diuretic.

PARALYSIS.

Another interesting case was presented. Some time ago, the patient, a middle aged man, suffered from diarrhœa, after the cure of which, he suffered greatly from pain in the back and the abdomen. This is all that could be learned of this man's history.

Upon examination, we find all his limbs palsied, not completely powerless, but very nearly so. This is a case of palsy, general in extent, partial in degree. There is no facial or lingual paralysis.

What is the cause of the paralysis? It is either cerebral or spinal. If it were cerebral, we would expect the palsy to be partial in extent, upon one side, and also facial. This patient suffered from pain in the abdomen, now the abdomen is supplied by the sympathetic, and also by the dorsal nerves. Upon pressure upon the spine, between the shoulders, I cause him pain. I infer that there has been inflammation of the spinal marrow, not very high, but sufficiently so to impair its functions.

Prognosis—Uncertain; if simply inflammatory, he may get well; but there may be softening of the cord, in which case our prognosis must be serious.

Treatment.—Two or three cut cups to spine, and a number of dry cups. His bowels are to be kept open. He is to have a nutritious, but not stimulating diet.

Service of Dr. Norris.

AMPUTATION OF THE LEG.

Last night, a man in a state of intoxication, was thrust from one of the city passenger railroad cars: he fell upon the track, and the wheels passed over his ankle.

Upon examination, the ankle joint was found opened, the tibia and fibula fractured.

Amputation of the limb was made at the lower third.

Upon dissecting the amputated limb, there was found in addition to the fractures above mentioned,—a complete fracture of the astragalus.

The operation preferred by Dr. Norris is the circular flap operation.

WEDNESDAY, NOV. 17TH.

Service of Dr. Wood.

INFLAMMATION OF THE BRAIN.

This man was brought into the house in a perfectly comatose state, his pulse, 130, with irregular movements of the leg, and twitching of the hands.

Diagnosis.—Inflammation of the brain.

Treatment.—Cupped freely—head shaved and blistered—purgative enemata, and as soon as he could swallow, purgatives.

His countenance is now expressive, pulse regular, and tongue furred.

Dr. Wood dwelt upon the efficacy of blisters over the scalp, when the patient is in a comatose state, and we can no longer deplete.

OBSTRUCTION OF BOWELS.

(See Report of Oct. 6th, p. 49.)

This patient had been in the surgical wards; the abdomen is much distended, and there is an impossibility of procuring alvine evacuations.

Examination per anum revealed some obstructions; a bougie could be passed up some seven or eight inches, when it would strike against some hard and firm object; with great effort the bougie could be passed through the obstruction.

We cannot decide in regard to the nature of this obstruction: it may be carcinomatous.

Question: what is to be done? Purge? Bad practice; we could not force an opening; we should only produce a retro-action, vomiting, even of fecal matter.

Indications are to quiet the passages and to liquify the contents of the bowels: this we do by opiates and mild laxatives. The bougie is to be daily passed through the stricture.

Prognosis.—If the stricture is the result of chronic inflammation, we may hope, but if carcinomatous, we can expect but temporary relief.

Ulceration might take place, and, for a time, restore the passage.

Another mode of affording temporary relief in these cases, is by opening the colon above the sigmoid flexure, making an artificial anus.

CHRONIC INFLAMMATION OF THE STOMACH.

Dr. Wood here took occasion to remark upon the beneficial effects of the nitrate of silver in chronic inflammation of the stomach: he gives from $\frac{1}{4}$ to $\frac{1}{3}$ of a grain three times a day—gradually increasing the dose to $\frac{1}{2}$ a grain, or even in some cases, 1 grain, never beyond this.

This patient may again be referred to in consequence of a serious disease—aneurism of the aorta.

ENTERIC OR TYPHOID FEVER.

(See Report of Nov. 10th, p. 130.)

This case has already been reported. When he entered the Hospital, he was almost comatose,—the jaw hung down; abdomen distended; involuntary discharges from the bowels and bladder, occurred.

The main remedy used, was oil of turpentine: ten drops every two hours.

The head was shaved and blistered; as the blister produced its desired effect, the comatose condition disappearing, he is now almost well.

HYPERTROPHY OF THE HEART COMPLICATED WITH PHTHISIS.

Percussion in this case, revealed the existence of an increased area of dullness in the cardiac region. Auscultation—an abnormal loudness of the sounds of the heart.

The impulse of the heart was seen to occur to the left and above the usual spot. This fact was dwelt upon as confirmatory of the diagnosis: if the increased dullness were owing to pericardial effusion, the heart would not always strike the same spot, but would, in consequence of being surrounded by liquid, vary in the place and in the distinctness of its impulse.

PATHOLOGICAL SPECIMEN.

Dr. Wood presented a specimen of fatty liver taken from a man who had died in the surgical wards, from the combined effects of the irritation from a fractured limb, and the debility produced by intemperance.

The object in showing the specimen was to point out the common lesion found in drunkards, viz.: fatty degeneration of the liver.

Service of Dr. Norris.

The greater portion of the morning was consumed in showing a number of patients who had undergone operations, or who had appeared before the class upon previous occasions.

Among these were five or six cases of amputation: in nearly all, the stumps were nicely healing. The two cases of amputation recently performed by Dr. Norris are still watched with great solicitude, on account of the cerebral complication in the one patient, and intemperate habits of the other.

The man so severely burned, (Reporter, p. 112,) lies in a very precarious state. The severe gun-shot wound, (same page) is progressing so far, favorably, but it is still doubtful whether the limb will be saved.

Dr. Norris then operated upon a child for aneurism by anastomosis.

The growth was situated upon the forehead.

A ligature was firmly drawn around the base of the tumor, so as to cut off the supply of blood.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

WEDNESDAY, Nov. 10.

Service of Dr. Henry H. Smith.

RELAXATION OF THE INTERNAL LATERAL LIGAMENT OF THE KNEE JOINT, OR KNOCK KNEES.

A boy, five years old, presented this deformity to a great degree, the right limb being more affected than the left.

The affection was congenital, but was increasing daily, and already interfered seriously with the progression of the child.

In cases so marked as this, it was not a question of mere comeliness, that was presented to the surgeon, but the future usefulness of the patient and his ability to earn a livelihood, was involved.

It would not do to leave such cases without treatment; time so far from benefiting, would daily increase the inconvenience experienced.

As to the nature of the affection in this patient, it consisted in an original relaxation of the internal lateral ligament of the knee joint, with more or less subsequent displacement of the internal semilunar cartilage. As the child grew in size, however, more serious modifications would probably occur, involving a shortening of the external, as well as lengthening of the internal lateral ligament; alteration in the parts of the articular surfaces brought in contact, and in the whole shape of the condyles of the femur and of the head of the tibia.

If such a case was permitted to progress, by the time adult age was attained, a condition would be established, which the surgeon might in vain endeavor to remedy. But if the treatment be commenced at an early age, as we have the opportunity of doing here, a cure can generally be effected. An apparatus must be applied to each limb, consisting of an ordinary shoe, with an iron support on each side, jointed opposite the ankle and the knee, and secured by padded bands. On the inner support, a pad, moveable, by means of a screw, must be so arranged that it can be brought to bear upon the inner side of the limb, so as to carry the knee outward.

Not merely will the limb be brought temporarily straight by this apparatus, after it has been applied a reasonable period of time; but as the child is growing, the articular surfaces and the surrounding parts will be so modified as to enable us ultimately to dispense with the further use of the artificial support, and the patient will be completely cured.

ANCHYLOSIS OF THE KNEE JOINT.

A young lady, aged sixteen years, had suffered, in her third year, from inflammatory affection of the left knee joint and the surrounding parts. Numerous large cicatrices near the joint indicated the violence of the disease. The parts below the knee had not developed fully, and the limb was hence about 3 inches shorter than the opposite side.

She has tolerably free flexion, but is unable to extend the leg, which, with the shortening, renders her very lame.

The patella is adherent.

Her mother stated that shortly after the commencement of the disease, the child was taken to a "natural bone setter," who, pretending that the trouble was due to the bone being out of place, used great violence, which much aggravated the symptoms, abscesses forming in various parts of the limb shortly after. No pieces of bone, however, had been discharged.

There was at the present time no tenderness or uneasiness about the joint, but the lameness resulting from the shortening, and imperfect extension of the limb was such that the patient was unwilling to submit to any operation that might offer a prospect of benefit.

In such a case it was stated that the danger of attempting to overcome the partial anchylosis by producing forcible extension was too great to permit such an effort to be made. Extensive suppuration in or near the joint might result; or if adhesions existed between the popliteal artery and the bone, serious consequences might occur more immediately.

The only operation suited to this case was that of Dr. J. Rhea Barton, of Philadelphia, which consisted in exsecting in front a V shaped piece of the shaft of the femur, thus permitting the limb to be brought straight, and to be retained in that position until union occurred.

But should the patient be exposed to this severe operation, and it resulted favorably, she would still be lame, on account of the shortened state of the leg. She would then have to wear a thick soled shoe.

It was to be observed also that the flexion of the limb was not so great but that the toes of the patient reach the ground when she stands upright, and if the foot be fitted with a suitable shoe, she will walk very nearly as well as we could make her do after exposing her to a severe and dangerous operation.

The shoe should be made with a false sole

of cork, so much thicker at the heel as to have the effect of a high-heeled shoe, the cork being placed inside instead of outside the sole, so as not to attract attention.

The patient's foot would rest upon an inclined plane which would serve as the basis of support. This form of shoe was much better because less noticeable than the usual form, in which the heel is exterior to the shoe.

FIBRO-CELLULAR TUMOR OF THE BACK.

A German, aged 37, presented a moveable tumor, about the size of a large walnut, on the right side, near the angle of the ninth rib. It was exceedingly firm, and was attributed to a blow received about a year since. Too firm for an adipose tumor, it was probably of the fibrous variety. A longitudinal incision was made, and the tumor having been dissected out, the edges of the wound were brought together with a suture and adhesive plaster, covered by a cerate cloth and compress, and retained with a few turns of a roller.

The tumor removed consisted of three lobules connected together and enclosed in a dense tunic of areolar tissue. A section was yellowish and semi-transparent, and yielded on pressure an abundant transparent albuminous liquid.

It was referred for further examination to Dr. Woodward, who informs us that the whole growth was composed of connective (white fibrous) tissue in various stages of development; embryonic elements (fibre cells) predominating. The albuminous liquid above referred to, is abundant in these growths, which are generally exceedingly succulent.

Besides the above, an *encysted tumor of the forehead* was extirpated, and a case of *enlargement of the bursa beneath the tendon of the triceps extensor cubiti*, with some others of minor interest, were exhibited to the class.

SATURDAY, NOV. 13.

Service of Dr. Henry H. Smith.

CHRONIC SPRAIN OF THE ANKLE JOINT.

A young girl, aged thirteen years, had, for upwards of a year, suffered from an affection of the right ankle. The ankle was exceedingly painful, especially after walking. The internal lateral ligament was much relaxed, permitting the foot to incline outwards so that the patient walked upon its inner margin. The scaphoid bone was unnaturally prominent.

This condition of the foot was the consequence of the laborious occupation of the child, who for some time previous to the occurrence of the deformity, was engaged in a factory, and worked a treadle with the foot.

For upwards of six months, however, by the advice of her physician, this occupation had been abandoned; but no improvement had taken place, and counter irritants had been vainly employed to relieve the pain.

The judicious treatment of such a case as this was exceedingly important. If the surgeon fails to relieve the disorder, it will ultimately result in such a change in the articular surfaces of the bones, which are now rapidly developing, as will lead to a permanent alteration in their conformation, and the patient will be hopelessly lame.

The following plan was deemed most desirable for this case. The foot will be fitted with a shoe, similar to that employed in club-foot, by which it can be gradually brought to the normal position and retained there until the further development of the growing bones shall mould the parts to their proper form and render further support unnecessary. At the same time, powerful anodyne liniments must be employed to allay the pain. The following formula was directed for immediate use.

℞. Lin. Sapon. Camph., f℥iv.
Tinct. Rad. Aconit. Saturand. f℥j. M.
S. Apply frequently with moderate friction.

The condition presented in this case must not be confounded with synovitis. There was here none of the tenderness upon pressure, or of the swelling due to exudation which can be observed in chronic synovitis, and the redness and heat of the acute variety were quite absent. It was hoped that the means adopted would be sufficient to result in a complete cure.

HUGE MAMMARY ABSCESS.

An Irish woman, aged about 35 years, had suffered nine weeks from an inflammatory condition of her left breast, which had terminated in the formation of an abscess. The breast was distended to about twice its natural size, and fluctuation was distinctly perceptible. Abscess of the breast might, it was stated, occur in two situations. The principal accumulation of pus might be between the lobules of the gland itself, or it might be behind the gland, between it and the fascia of the pectoral muscle. The latter was believed to be its situation in this case.

When the accumulation of pus was thus

situated, it was necessary that the surgeon in evacuating it should make his incisions deep enough. It was not enough merely to puncture the skin; the blade of a bistoury should be carried through the skin and fat, to the necessary depth behind the gland. As a general rule it was best that the incision should be made from below, because it would afford free exit to the pus which would accumulate again from time to time, if the opening were made above the gland.

A bistoury was now introduced from below, and carried well up behind the gland, or between it and the pectoral muscle. Through the incision thus made, upwards of a quart of healthy pus was evacuated. After its discharge a compress was placed upon the breast, and firmly retained by a roller bandage.

Besides the above, a well-marked case of *acute eczema* of the scalp and surface of the body; an *abscess* on the side of the neck, of three months' standing, a case of *synovitis* of the elbow-joint, and other cases which have escaped our memory, were presented to the class.

JEFFERSON COLLEGE HOSPITAL.

WEDNESDAY, Nov. 10th.

Service of Dr. Gross.

SYNOVITIS.

A man about 30 years of age, presented himself, suffering from an affection of the knee-joint, consequent upon an accidental blow upon it while gunning. There is inflammation involving the synovial membrane of the articulation. Frequently in these cases we find increase in the quantity of synovial fluid, as well as a marked change in its qualities. If the inflammation should be more severe, plasma may be thrown out, or suppuration and a purulent collection in the cavity of the articulation supervene. From the appearance of the knee under consideration, more or less inflammation exists in the parts exterior to the joint. There is no discoloration of the surface, but there is preternatural heat, and an aching pain is felt, especially at night. On examining his mouth, we find evidence of the previous discharge of several pieces of bone. This fact assists the diagnosis, and there is strong reason for believing that the inflammation of the knee-joint is connected with constitutional disease, either scrofula or syphilis, probably the latter. The indications for treatment are clear. Violent inflammation might supervene, if the joint should be opened, and fortunately such a mode of treatment is not necessary. The presence of pus in the cavity is not at all indicated constitutionally. Recumbent posture, relaxation of the limb, light diet, the application of a blister eight inches in diameter, retained in place for ten or fifteen hours, so as to produce complete vesication; the blistered surface to be sprinkled with three grains of morphia, to prevent pain and strangury; warm water dressings;—will constitute the treatment. Rest is the *sine qua non* in such cases. Every other night he must take a pill composed as follows:—

℞ Pilul. hydrargyri, gr. x.
Ipecac. pulv. gr. i.
Extract. colocynth. comp., gr. v. M.

And once a day,

Hydrargyri chlorid. mitis, gr. ij.

UMBILICAL HERNIA.

David F., aged 20 months, presented a conical tumor at the umbilicus, which appeared as if inflated by every effort of crying, but is easily reduced by pressure. Crepitation exists, which shows that it is a protrusion of the intestinal canal. There is no hernia of the omentum. This case—one of umbilical hernia—has lasted about nine months. A truss must be worn, but not as a means of radical cure. The operation adapted to effect this end, would be to pass two or three needles through the edges of the umbilicus, and then apply the twisted suture, as in hare-lip, thus producing adhesive inflammation and obliteration. But such an operation is not devoid of danger, as peritonitis would probably supervene, if that serous membrane should be accidentally included in the ligature.

FUNGUS HÆMATODES.

Martin W. C., 20 years of age, from Carbon County. Last Christmas he first observed a tumor on the left side of his face, which had continued to increase rapidly, until, at the present time, the whole of the face on that side, and part of the lip, are involved as well as the lymphatic ganglions of the neck over the parotid gland. The eyelids are œdematous, and the eyeball is protruded; there is obliteration in the left nostril, which cannot positively be diagnosticated to involve the antrum highmorianum; and the tonsils are enlarged and pushed to the right side of the throat, so as to encroach on the fauces. A hard tumor is present under the chin, which is smaller, however, than the other. The lymphatic vessels

in this vicinity are markedly affected also. There is no constant pain in either of the tumors. No cause is assigned by the patient for their appearance, except, perhaps, exposure to wet while working on a canal.

This case has the characteristics of encephaloid disease, and an operation could not be attended with favorable results. The loss of blood would be very great from tumors so vascular, and it would be impossible to extirpate the whole mass. Fibrous tumors occur sometimes in this region, but this has not the external appearance of that class, being rather a specimen of the malignant heterologous growth, called fungus hæmatodes. The treatment must be directed to the support of the constitution by tonics, &c., and to the relief of pain, by anodynes.

VASCULAR FIBROID TUMOR.

Eliza D., aged 22, a young, married lady, has had, for two years, a soft, fluctuating movable tumor on the right cheek, which, from the absence of any enlargement of the subcutaneous veins, or discoloration of the skin, is assumed to be non-malignant. Fluctuation is sometimes a deceptive symptom, as tumors, which do not contain pus, often assume this appearance.

An exploring needle, introduced into the tumor from without, moved about as if in a cyst or cavity. Blood issued upon three successive introductions of the needle at different points of the surface. No pulsation to induce a suspicion of this being an aneurism, can be detected; and there are no symptoms of aneurism by anastomosis. The issue of blood followed the introduction of a larger instrument upon the inner surface of the cheek.

The diagnosis is not easily made out. The case has not all the characteristics of a vascular tumor, so called, but it is certainly a vascular form of tumor. To extirpate it, it is important that the incision should be made through the mucous membrane or the interior of the mouth, so as to avoid a scar externally. There is, apparently, no connection with the antrum, but such a condition might exist. There has been no pain in the jaw, and no obstruction of the nostrils.

Notwithstanding a certain amount of obscurity in the diagnosis, the propriety of operating is unquestionable. Care must be taken not to interfere with the duct of Steno, which opens into the mouth opposite the second upper molar tooth.

The tumor was removed, and, as was afterwards exhibited by microscopic examination, was a form of fibroid non-malignant growth.

SATURDAY, NOV. 13TH.

SCIRRHUS OF THE SUBLINGUAL GLANDS.

A man, aged 55 years, was brought in who had been suffering for seven or eight months, from a tumor involving the sublingual glands, in which there is occasionally considerable pain. The whole surface involved is not larger than a marble, and no increase or diminution has taken place in it during the past six or eight weeks. It is unaccompanied with tumefaction of the submaxillary glands.

Affections of the sublingual glands are of rare occurrence, and malignant disease—such as this appears to be—very unfrequent. This tumor feels like scirrhous enlargement of those glands, and has originated and increased to its present size without any assignable cause. There are several decayed teeth, but it is probably unconnected with any such defects. The tumor extends about equally on both sides of the mesian line.

In removing the mass, branches of the lingual artery must be divided, and their section may give rise to a considerable amount of hemorrhage, so as to require the use of the actual cautery. The tumor being removed by the scalpel, the hemorrhage was checked by the styptic application of the tincture of the perchloride of iron.

VARICOSE ENLARGEMENT OF THE LEG.

———, aged 40 years, has had an enormous enlargement of the vessels of the left leg from early childhood, extending from the toes to above the middle of the leg, and occasionally giving rise to exacerbations of pain. When pressure is applied by means of a bandage above the part affected, the veins become as large as a small intestine. The foot has a stunted appearance in consequence of disease of the toes, two of which are adherent, and there is a deep ulcer with abrupt edges on the great toe. A peculiar aneurismal pulsatile thrill is felt along the limb on all its surfaces, and a distinct bellows-sound, when the ear is applied, as if blood was passing from the arteries into the veins. The veins involved are branches of the internal and external saphenous, but the arteries of the leg are probably enlarged also. The motion of the vessels is visible, especially on the outside portion of the limb.

It is impossible to say positively what com-

munication or relative arrangement may exist between the two sets of vessels. There is no enlargement of the veins in other parts of the body. The capillary vessels are probably very much hypertrophied, and in this respect, an analogy exists to aneurism by anastomosis. The affected limb is longer than the right by an inch and a half. This indicates hypertrophy of the vessels in length as well as in breadth, which gives rise to a hypertrophy of the limb in length rather than in diameter, both legs being of about the same breadth. The bones are, probably, relatively larger also.

The case is altogether an uncommon one, and care must be taken in regard to surgical interference. It will be brought again before the class in a short time.

NECROSIS OF THE FEMUR.

A patient was brought in with necrosis of the left femur of five years' standing and considerable anchylosis of the knee. There has been no constitutional disease in his family, and no other cause is assigned by the patient than injury consequent upon jumping off a haystack. The knee and thigh are very much enlarged, and on the inner surface of the latter are several sinuses, from one of which there is a discharge of sanious pus. Some of the sinuses are cicatrized, and into one, now open, a probe may be passed to the depth of four or five inches, when it comes in contact with dead bone, which it will be necessary, if possible, to remove. Pieces of dead bone have already been discharged.

The patient was chloroformized, a wide incision made down to the bone, and the dead portions, which were accessible, were removed. Care was requisite to avoid wounding the femoral artery, which lay in the vicinity. Whenever we have long-standing sinuses with nipple-like edges, presenting an appearance similar to those in the case before us, we may assume that there is almost invariably disease of the bone, either caries or necrosis. The latter affection—mortification of the osseous tissue, is what we have to deal with at present; its cause is unknown, but most probably it is dependent upon a concealed scrofulous constitution.

INFLAMMATION OF THE VAGINA.

A child four years of age has had for some time vaginitis—with discharge of pus from the vulva. There is pain and swelling in the vaginal region, for which no cause is assigned by the mother. These parts are liable to inflammation, caused at such an early age, by the irritation of worms, disordered digestion, &c. It is to such cases as the present, when the child has become a little more advanced in age, that medico-legal interest sometimes attaches, in regard to the causes of the inflammation, etc. A question of rape often turns upon the evidence of a medical practitioner as to the origin of such morbid conditions, and there is at times, unhappily, no little discrepancy in the testimony of medical witnesses.

This case must be treated by recumbent posture, purgatives, bland diet, the injection of argenti nitras (gr. ¼ to f℥j. of water) by a large syringe three times daily, and the separation of the labia by lint dipped in a strong solution of acetate of lead. If the child was more robust, tartar emetic internally might be advantageously added to the treatment.

One or two other cases were presented to the class, the results of former operations, which were proceeding rapidly towards recovery. An abscess in the groin, of syphilitic origin, was opened; and a small adipose tumor removed from the eyelid by a longitudinal incision.

PHILADELPHIA COLLEGE HOSPITAL.

WEDNESDAY, Nov. 10.

Service of Dr. Halsey.

EPITHELIAL CANCER.

A man, æt. 54. Has an ulcer under the tongue, which first made its appearance three months since, in the shape of a small blister, which he opened with a needle. There has been a considerable amount of pain, which is of a burning character. The central part of the ulcer is depressed or excavated, while the edges are irregular, nodulated, thickened, and elevated. The whole ulcer is also very firm and hard. About two-thirds of the sublingual space is occupied by the diseased part. The irregular, hard, knotty, and elevated condition of the edges, the peculiar kind of pain, together with the fact that the ulcer rests upon a hardened base, all show pretty conclusively that it is a malignant disease. This being the case, there remains but one kind of treatment which is to remove it. The whole of the diseased part was then carefully dissected out, great care

being taken that none of the hardened mass should be left.

CARIES OF THE TROCHANTER MAJOR.

A man aged about 55. Has a fistulous orifice below the trochanter major, at a distance of about four inches from this process. The discharge coming from it is purulent and fetid, sometimes small particles of bone pass away. The patient walks lame, and says at times he is obliged to lie by, in consequence of the pain it gives him. He says he fell upon his hip about thirty years ago, and immediately it inflamed, gathered, and broke, and has continued to discharge more or less ever since.

Upon introducing a probe, although it can be carried upwards several inches, no dead bone can be detected; the rough and gritty feel communicated to the probe whenever necrosed bone exists, is in this case entirely wanting. The fact that the trochanter is the part diseased favors the idea of caries, as this disease is mostly confined to the spongy portion of bone, while necrosis is usually found in the more compact portion. This, however, is not always the case, as we sometimes find caries in the shafts of the bones, and necrosis in the extremities. The patient was brought before the class a few weeks ago, and was told to use the following prescription:—

℞. Inf. sarsap.
" mezereon.
" dulcamara, āā Oj.
Potass. iod. ʒij.

Take a wineglassful three times a day.

He was also advised to remain as quiet as possible.

To-day, he says he is much better than he has been for several months. The same treatment was ordered to be continued.

STRICTURE OF THE URETHRA.

A man, aged 33. Has had a difficulty in passing his urine for nine months; says he had a clap which he treated by zinc injections, and thinks this to be the cause. Upon examination, the stricture was found to be located half an inch from the meatus. The patient was first brought before the class about a month ago, then a No. 2 bougie (English size,) was introduced. He has since had bougies introduced every week until now; a No. 13 can be easily entered. The patient, after being directed to use a large bougie occasionally, was discharged cured.

Reviews and Book Notices.

The Modern Practice of Midwifery. A Course of Lectures on Obstetrics: delivered at St. Mary's Hospital, London, by Wm. Tyler Smith, M. D., Member of the Royal College of Physicians; with an Introductory Lecture on the History of the Art of Midwifery, and Copious Practical Annotations, by Augustus K. Gardner, A. M., M. D., etc., etc. Illustrated by 212 Engravings. New York: Robert M. De Witt, Publisher. Pp. 760.

In noticing a work, the reviewer should not only give his ideas of the text, but of the *style* in which it is given to the public; and more especially, if it be issued in a manner which is particularly creditable, or the reverse. Now, this work is copiously illustrated, we had almost said disfigured, by a number of woodcuts of the most wretched character. In a cursory glance at a work as important as this purports to be, such things are not at all calculated to impress one favorably. Better no illustrations at all than bad ones.

Apart from this, the original lectures, though previously quite valuable, have been much improved by the additions of Dr. Gardner. We notice that he has been fully awake to all the improvements, etc., on this Continent and elsewhere, and has added freely, from various monographs, and other writings, which have, from time to time, made their appearance. Thus, on the subject of "changes in the cervix uteri," he has added the views of Stolz, which have received the sanction of many of the most eminent physiologists of modern times. To abortion, he has added a few remarks on colpeurysis, which is now becoming of much importance.

To the subject of funis presentation, we find he has added the valuable ideas of Dr. T. G. Thomas on "postural treatment," with the cuts to illustrate it, to which we have previously alluded at some length in this Journal. To the chapter on post partum hemorrhage, Dr. G. has made a very lengthy and valuable addition, rendering this portion of the work much more complete. Nor are these all; in many points, he has materially improved

the original by additions which, though small, would have been much missed by the reader.

The name of Dr. Wm. Tyler Smith is sufficient to cause us to look favorably upon a work to which it is attached; but in this instance the book itself, by the excellent manner in which each subject is detailed, the happy expressions of the author, produces at once a feeling in its favor which is continued throughout the whole. Dr. Smith states his views distinctly and boldly, thus allowing the medical world to judge of them, without any difficulty as to his meaning, or liability of a misinterpretation.

In some things, he materially differs from many of his brethren, and as these points are yet *sub judice*, he cannot be condemned for presenting his own views, and urging them with all the talent he can command.

On the subject of *placenta prævia*, he considers *turning* the "great operation." He touches on the artificial extraction of the placenta, and though he considers the theory of Dr. Simpson as quite untenable, yet looks favorably upon this treatment in certain cases.

He says: "I believe the separation and extraction of the entire placenta the best practice in those cases in which it is attached all round the os uteri, and in which the exhaustion is so great as to render some more rapid attempt at assistance than the operation of turning imperative. In some of these cases the patient would be killed by turning, if the hemorrhage were going on simultaneously with the operation."

But we are unable, from the size of our Journal, to give an extended review of this truly valuable work, nor is it necessary or desirable. We consider it a decided addition to our obstetrical library, and would much like to see the American editor, Dr. Gardner, instead of bringing forth foreign works in an American dress, issue a work of his own on this branch. He is abundantly qualified, as the additions to the present work alone would testify, and we hope it will not be long before he will commence that labor.

Transactions of the Third Session of the Medical Society of the State of California; convened at San Francisco, February 1858. Pp. 168.

We consider a volume like the above a good index of the energy and talents of the profession of the State, though we are sorry to say that, in many older States, the Societies are hardly a fair exponent of the medical profession within their limits. Too often do our brethren find some excellent reason for not attending to the State Society, and thus much of value is lost to the profession. We confess that we have always looked upon the County and State Societies with much favor, considering them as the ground-work upon which are built up the various pillars to support the dome, or capital, the "American Medical Association."

First, we have the Annual Address of the president, Dr. Henry Gibbons, of Oakland, and we consider Dr. G. has done "about the right thing." It is a capital affair, and well worthy of perusal.

Next, we have the "Report on Topography, Meteorology, Endemics, and Epidemics," by Thomas M. Logan, M. D., of Sacramento; and this is most important, and has been thoroughly and carefully prepared, being copiously supplied with diagrams, tables, etc., giving a large amount of valuable information for the profession, not only of that State, but of the world.

Dr. J. P. Whitney, of San Francisco, presents from his committee a "Report on Practical Medicine, Medical Literature, and Hygiene;" which, together with an article on "Malarious Influence and treatment," by Dr. Ira E. Oatman, of Sacramento, makes a short but valuable paper, and one which presents much of interest.

Dr. A. B. Stout, of San Francisco, presents a paper on "Tracheotomy," with a drawing to illustrate his idea of a canula.

Dr. J. Blake, of Sacramento, contributes an article on "Diphtheritis."

Dr. E. S. Cooper read a paper on the "Results of Surgical operations in California," which gives an account of some very important and interesting surgical cases, as follows: Se-

vere injury of the abdomen; osteo-sarcomatous affection; exsection of bones and joints; scalds, burns, wounds, and a case of fibro-cartilaginous union of the uterus, its removal, recovery; injuries, and operations of the chest; collodion, applied to the radical cure of hernia; ligating the arteries with their satellite veins. [We hope, in some future numbers, to present some abstracts from many of these valuable papers. —EDS. M. and S. Rep.]

Next comes a "Report on Obstetrics and Diseases of Women," by R. Beverly Cole, M. D., of San Francisco.

Dr. C. B. Holbrook, of Moquelumne Hill, contributed a paper on "Epileptic Eclampsia."

Dr. S. M. Mouser, of Sacramento, presented the "Report on Medical Education."

Dr. F. P. Wierzbicki read a paper on the "Poison Oak,(*Rhus Toxicodendron.*")

Lewis Lanszueert, analytical chemist, contributed a "Report of an Analysis made in a case of Poisoning by Cyanuret of Potassium," with a plate.

Dr. Lorenzo Hubbard, of Marysville, delivered a lecture on the "Condition of Medicine among the Ancients."

In conclusion, we have the report of the Corresponding Secretary; the whole making a volume containing much of value, and evincing a great amount of labor and talent in our Pacific brothers.

We are pleased to see that Dr. Logan has had such inducements held out to him that he is about to revive the *California State Medical Journal.* We wish him much success in his project.

Editorial.

LEGISLATIVE PROTECTION.

We see it stated that a committee has been appointed by the State Medical Society of North Carolina, to petition the Legislature for the establishment of a State Medical Board—of examiners, we presume.

We can assure our North Carolina friends that they have little—very little good to expect from legislative action bearing on the medical profession. It has been the experience of the profession in this region, that legislatures will pass two laws to degrade the profession, where they will pass one to protect it. And where good medical laws have been handed down from past generations, their action has been modified by supplements, until they have become the protectors of quackery in its worst features.

In our opinion, it is folly for the medical profession to look to our State Legislatures for the enactment of protective laws. Very few of these bodies are guided in their action by regard for the public good, but they are rather the creatures of circumstances, some of them of a very disreputable nature too. We have seen poor miserable wrecks of humanity walking the public streets, begging the signatures of passers-by to a petition to break down a "monopoly of a medical law," and have seen such petitions succeed in destroying the best medical law probably that ever found a place in any of our statute books.

The medical profession must look *to itself* for protection. We have an organization, which, if we are true to it, is capable of giving its members a position that will elevate them above the need of legislative protection. But we shall return to the discussion of this question. In the meantime, we can tell our brethren in North Carolina and elsewhere, that in seeking legislative protection they are putting themselves in the position that Rome did when she sought protection at the hands of Odoacer, prince of the Heruli.

OPIUM EATING.

The evils resulting to our race from the practice of opium eating, are sufficiently grave to enlist the sympathies of the philanthropist. It is believed that the habit is growing upon us, and it offers the physician the opportunity of studying the effects of this drug upon the health and the mental powers of those who use it.

We have received the following circular, on

the subject, from DR. W. H. MYERS, of *Londonville, Ashland Co., Ohio*, and commend it to the attention of our readers, hoping that they will communicate to Dr. Myers such information as they may be possessed of.

DEAR SIR:—Believing the habit of opium eating, or taking it customarily for its stimulant action on the nervous system, frequent in this country among different classes—we deem it a proper subject for medical investigation and report.

We, therefore, address to you the following interrogatories, hoping you will favor us with early replies.

State number of cases observed?
State causes leading to its excessive use?
State length of time had recourse to?
State amount consumed in twenty-four hours?
State cures effected, if any?
State treatment pursued?
Does it shorten life?
State its effects upon moral conduct?
State its effects upon mental action?

SUGGESTIONS FOR THE INVESTIGATION.

a On the nervous centres.
b On respiration.
c On circulation.
d On secretion.
e On digestion.
f On locomotion.
g On nutrition.
h On physiognomical expression.

A GERMAN DISPENSARY.—We understand that the German physicians of this city have established a dispensary, located for the present on Noble Street, two doors above Fourth, which is open for the reception of patients every day, except Sunday, from 12 to 2, and from 6 to 7 P. M. Prescriptions and operations gratis. An arrangement has also been made with the German apothecaries to furnish medicines to those prescribed for at the dispensary, at one-third the usual charges.

As we have a very large German population, many of whom are in circumstances that will not permit of their paying for the services of a physician, this enterprise promises a large field for usefulness.

In two or three weeks we shall, at the suggestion of many friends, republish, in an amended form, the article published in our first number, in regard to the medical schools, hospitals, etc., etc., in this city. This will enable those interested to make any corrections that may be called for, and we trust that they will attend to the matter immediately, as we wish to have this article as perfect as possible.

☞ As we shall publish a large extra edition, this will give advertisers, who wish to reach the country practitioners of the South and West, an excellent opportunity of doing so.

Periscope.

NITRIC ACID IN THE TREATMENT OF HEMORRHOIDS.

The *Buffalo Med. Journ.*, among the proceedings of the "Buffalo Med. Association," has a number of cases of hemorrhoids treated by the application of nitric acid, as reported by Dr. Gould. In the first case, there were a number of the tumors, from the size of a pea to that of a pigeon's egg. After an enema of warm water, the tumors were forced down as much as possible by straining, and then strong nitric acid applied by means of a brush, an assistant holding open the nates, while the patient lay on a bed, with the face downwards. After a quarter of an hour, oiled lint was applied, and the parts returned. He was kept quiet, and Dover's powder administered. In eight days, the tumors were reduced about one-half, and hardened; the acid was again applied. Cold bathing was directed, and an ointment, as follows; to relieve the itching and uneasiness in the rectum.

℞. Lard, ℥j.
Nitric acid, gtt., viij.
Acet. plumb., ʒj. M.

Apply, morning, noon, and night.

Two days after, the itching had ceased, and the tumors were very much reduced in size, and the parts assuming a natural and healthy appearance. Used cold water enema to move the bowels. Very little blood was lost after the first application, and he has enjoyed good health since, without any return of the disease.

The other cases were very much the same. It was remarked that the action of the acid appeared to shrivel them almost immediately, and the pain of it was comparatively slight.

Dr. Flint, who had been present at some of the applications, considered it "as one of the most effectual and painless operations for hemorrhoids, and infinitely preferable to the ope-

ration by ligature; and though it would not be applicable in all cases, it seems to him that it would be effectual in most of them."

TREATMENT OF PARALYSIS OF MOTION.

In a former number we reviewed at some length, a monograph, by Dr. J. P. Batchelder, of New York, on this subject, and our attention is again called to it by an equally valuable and interesting paper by Dr. C. F. Taylor, of the same place, which is presented to us in the *American Medical Monthly*. Dr. Taylor, after some valuable remarks on the prognosis, etc., says: "I regard the exhibition of strychnia, in the first stages of paralysis, goading up the nervous system, already completely exhausted, as being particularly harmful. It adds nothing to the capacity of the nervous system, while it still more completely overwhelms it." Every hygienic means should be brought to bear, and special attention should be paid to diet. The patient should be kept in a pure atmosphere, and cleanliness enforced; while such special medical treatment as is indicated, thus, to absorb the clots or effusion, support strength, etc., be employed at this stage. Relieve œdema of the extremities by kneading and pressure on the soft parts. Many cases entirely recover, but the majority get to a certain point, and there stop.

The principal indication is to re-establish the connection between the muscles and the brain, and this is to be done by the *use of the muscles*.

The patient being placed so as to avoid all voluntary muscular exertion of other parts, that is, in a semi-recumbent posture, well supported, his attention is directed to the motion to be made, and at the moment he makes the effort, the limb is carried in the direction, as if it had been the result of his muscular exertion. By this means, a new action is set up in the limb, the muscles have been brought into play to a certain extent, and the brain acted upon at the same time. These movements must be gentle, and not too many at a sitting. Kneading of the muscles has also a beneficial effect in the interior, by restoring the circulation, etc. When paralysis arises from congestion of the dura mater, or any abnormal nutrition of the envelope of the cord, improvement will be made by inducing a higher nutrition in the contiguous muscles of the back, which may be accomplished by flexion of the back, bringing into action the dorsal muscles. Next we have an annoying complication in the paralysis of the bowels and bladder. In constipation thus produced, we must act through the capillary circulation and innervation of the parts.

The patient being laid upon his back, his arms held above his head by an assistant, make a rapid shaking or vibration of the abdomen and its contents, with the hands laid flat upon its surface; follow this by kneadings along the course of the colon.

For paralysis of the bladder and sphincter ani, the thighs being flexed upon the trunk, make a vibration with a blunt stick upon the perineum. Of course, a treatment like this requires a certain amount of time and patience. yet in some cases the cure is remarkably rapid. Concerning electricity in such cases, Dr. Taylor considers that it may be a remedial agent, but it has not yet been placed upon a scientific basis.

SUGAR IN INJURY OF THE EYE FROM LIME.

The *Boston Medical and Surg. Journal* says, "*The Indicateur de Mayence* states, that a strong solution of sugar in water, dropped into the eye, is an excellent remedy for the severe injuries to that organ, caused by the accidental contact with particles of lime. The solution has the property of dissolving and removing the lime."

NEW MODE OF TREATING PURULENT OPHTHALMIA.—*The British and Foreign Medical and Chir. Review* gives the following abstract from *Annales d' Oculistique*. "M. De Condé, a Belgian military surgeon, dissatisfied with the present treatment of this disease, which seems to be very prevalent still in the Belgian army, lays down a new plan based upon the following considerations. 1. The greatest danger to the eye arises from the contact of the upper lid, which, inflamed and swollen, floods its surface with an acrid and corrosive pus. The excessive heat of the eyelid, the internal surface of which is rough and unequal, interferes with the nutrition of the cornea, while the acidity of the pus leads to its softening and destruction. 2. It is admitted that it is of importance to prevent the contact of inflamed mucous membranes by the interposition of an isolating body, such as charpie or wadding. This is seen in vaginitis, balanitis, and fissure of the anus. 3. This body, which may alone produce great amelioration, or even in some cases a removal of the disease, may exert a powerful effect if impregnated with an active agent. In this way lint, soaked in a concentrated solution of

acetate of lead, and placed between the glans and the prepuce, will cure gonorrhœa balanoposthitis within forty-eight hours. 4. Cod-liver oil exercises a powerful action in diseases of the mucous membranes, modifying and then suppressing their secretions. It strengthens the fibrous tissues of the eye and the cornea, and tends to prevent ramollissement. It is especially in ulceration and chronic ramollissement of this membrane that this double action is perceived. 5. The red precipitate ointment (four parts to 15 of lard and 15 of linseed oil) is an excellent substitutive agent, sufficing alone to arrest the disease when employed early. It is the best remedy for cutting short the ophthalmia of new-born infants. 6. A solution of the chloride of lime (30 parts to 200 of water) is an energetic modifier, neutralizing with certainty the virulence of the secretions. 7. Lastly, perchloride of iron exerts an instantaneous hæmostatic effect upon the hemorrhagic mucous membrane, and an indubitable modifying influence upon the mucous secretion. As an isolating body, M. De Condé, after trying various substances, gives the preference to wadding, as forming at once an inoffensive application, capable of imbibing and favoring the flow of the secretions, and of being impregnated with medicinal agents. A slip of the wadding somewhat longer than the transverse diameter of the eyelids, is brought opposite the palpebral aperture, and gently pushed up beneath the upper eyelid by means of the little finger, or a large probe." He relates some cases to show the rapidity of cure when these principles are followed.

THE PREVENTION OF LACERATION OF THE PERINEUM.—The *Brit. and For. Med. Chir. Rev.* gives the following views upon the prevention of laceration of the perineum, by Mattei, (Vierteljahrsschrift, f. p. Heilk, 1858.)

"It is especially necessary that the head pass the vulva in a favorable direction. This can only happen when it passes with the necessary degree of flexion, whilst the occiput passes under the pubic arch, the face has not yet quitted the pelvic outlet; first, when the upper part of the neck comes under the pubic arch, can the extension of the head (or the separation of the chin from the breast) begin. If the distension of the perineum begins too early, the head must pass the vulva with unfavorable diameters—namely, with the great oblique, or great or straight diagonal diameters. Such a passage easily causes laceration. Hence it is the task of the physician to prevent a premature distension by the head. This he effects by placing two fingers between the labia, or in some cases between the pubic arch and occiput, so as to bring the head downwards and outwards, at the same time laying the other hand on the hinder part of the perineum, upon which the face is lying, and pushes this upwards. This manœuvre is to be executed during the pains, which will thus protrude the head forwards in the requisite arc. A very simple means of expediting the birth of the head, consists in compressing firmly, the distended perineum with the whole hand. This resembles the squeezing out of the kernel from the cherry. On the passage of the shoulders, care must also be taken lest the two shoulders pass together."

Medical News.

MARRIAGES.

HANNA—HOYT.—In Deerfield, Mass., Nov. 9th. by Rev. Dr. Crawford, Dr. Wm. T. Hanna of Peoria, Ill., to Miss Sylvia W. Hoyt, of Deerfield.

HOLMAN—CARPENTER.—On the 8th inst., by Rev. Joseph Baggs, Dr. John B. Holman, of Douglasville, Pa., to Miss Emma Carpenter, of Roxborough.

HOUGH—MCCUNE.—At the residence of H. B. McCune, Esq., on the 2d inst., by Rev. James S. H. Henderson, David Hough, M. D., of Allegheny County, Pa., to Miss Elizabeth Jane McCune, of Cumberland County.

MCGARR—TORRENCE.—By Rev. I. N. McKinney, on the 9th inst., at the residence of the bride's father. Dr. James McGarr, of Pittsburgh, to Miss JENNIE, daughter of Dr. James Torrence, of Fayette Township, Allegheny County, Pa.

WILLIAMS—BINNS.—On Sunday evening, Nov. 14th. by Rev. J. G. Maxwell. Thomas C. Williams, M. D., to Miss Matilda C. Binns, all of this city.

DEATHS.

STANLEY.—At Lancaster, Pa., Nov. 18th, Dr. J. C. Stanley, in the 53d year of his age.

CRANIOLOGY.—An English gentleman, Lieut. Twyford, has taken a singular step in the way of promoting the study of natural history, more particularly in the craniological department, as instanced in his munificent contribution to the museum of Rouen. That capital of Normandy has just received in a barrel of rackee, (strong xx,) five heads of Sepoys, classified according to caste.

POLITICAL FAVORS TO DOCTORS.—Dr. Wm. Burton has been elected Governor of Delaware. The doctor is about 70 years of age, and practised in Milford in that state, about 45 years. We learn that he has always been respected, both as a practitioner and a gentleman. His election is sufficient evidence of the esteem in which he was held as a citizen.

Dr. Jetur R. Riggs, of Paterson, N. J., has been elected to Congress for two years from the 4th of March next. The governor of New Jersey, Dr. Wm. A. Newell, of Allentown, is a physician in active practice.

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 111. PHILADELPHIA, DECEMBER 3, 1858. NEW SERIES, VOL. I. NO. 10.

Original Communications.

Notice of Epidemic Sore Throat (Diphthérite,) as prevalent in Albany, N. Y.

By S. D. Willard, M. D.

For four months past there has been a strong predisposition to affections of the throat in this community. These affections produced, doubtless, by the same epidemical influences, have existed under well defined and distinct varieties.

The first, and by far the most common form of the disease is *Pharyngitis.* It is a diffused inflammation covering the palate, uvula and tonsils, which become highly vascular, and give rise to a sensation of dryness and roughness in the fauces. The general health and appetite is undisturbed, and the only treatment required, is one or two applications of nitrate of silver, or an astringent gargle. There have been hundreds of cases of this mild form, which, in severity, has been scarcely sufficient to style disease.

The next variety is *sloughing tonsillitis.* It exists more particularly among children and young persons—those under twenty years of age. Upon looking into the fauces, it is at once observable, that the tonsils are swollen, in some cases so as nearly to touch each other, and on their surface are white spots, in size varying from a shot to a half-dime. This high degree of inflammation and suppurative process, comes on suddenly, and its progress is through in eight or ten days. These white ulcers have thick edges, and look deep seated. They become more extensive, involving the whole of the tonsils; but in most instances, the slough is thrown off, and resolution ensues. In a few cases, the tonsils have been of a dark mahogany color, and the ulcers assume a greenish cast, and have been followed by gangrene, mortification, and consequently death. In some of these cases of sloughing tonsillitis, there has been a psuedo-membrane upon the roof of the mouth, the palate, uvula and tonsils, which by the process of suppuration, has been detached and thrown off.

The third and most fatal variety is *diphthérite.* This has prevailed mostly among children under seven years of age. Its onset is sudden and insidious. The false membrane usually having been formed when the first symptoms of illness attracted the attention, and occasionally, when the attention was directed only by the alarming condition of other children of the family. The membrane rapidly extends upon the palate, tonsils, the rima glottis, and into the larynx, producing mechanical obstruction to respiration, as in croup, and the patient dies in precisely the same manner.

There is yet a fourth, which if not a distinct variety, is at least a modificatien of all of them. It is styled by a medical friend of mine, in expressive language, "*the horse distemper variety.*" In this, there seems to be a blood poison, and the mucous membrane of the nose, fauces and bronchi, throw off a thick, offensive acrid secretion, and there follows before death incipient mortification and decomposition. The congestion extends to the cellular tissue and skin about the throat and chest. As in many of the cases of sloughing tonsillitis, the parotid glands become affected and swollen. In this variety, there is no false membrane. It cannot therefore be *diphthérite;*

yet it is a malady co-existent with it. From this form of the disease, nearly all die. Of the three last forms, within three months, about fifty have died. It is difficult to estimate, accurately, the number of cases that have occurred. Of the first and mild form of the disease, doubtless there have been a thousand cases; most of which under less apprehensive circumstances, would never have come under the eye of the physician. The similarity of sloughing tonsillitis, and the sore throat of scarlatina maligna, is worthy of notice. The almost entire absence of scarlatina, for the three past months, and its prevalence the three months preceding, is a fact that should not escape observation. Aside from the local treatment in severe cases, the strongly marked tendency to debility and prostration, calls early for invigorating and strengthening remedies. In several families, two to four children have died of one form or another of the disease. My attention has been called to the greater prevalence of the *diphthérite* form, in the southern part of the city.

The disease *Diphthérite* has been accurately described by that eminent French pathologist, Mr. Brettonneau, as it prevailed at Tours, and by him recognised as a distinct disease, and embraces that form of malady here spoken of under the *third* variety. A full, clear and vigorous article on this subject, from the pen of R. J. Fourgeaud, M. D., is published in the *Pacific Medical and Surgical Journal,* (San Francisco, California,) for October, 1858. The disease known as dephthérite, or membranous sore throat, having prevailed in the valley of Sonoma, California, in 1856.

The epidemic in Albany is subsiding.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

SATURDAY, NOV. 20TH.

Service of Dr. Wood.

Reported by T. A. Demme, M. D.

Phlebitis.—A man was presented to the class with great swelling of the left leg, the right not in the least affected. He had formerly suffered from intermittent fever.

Upon pressure, the limb appeared firmer and pitted less readily than is usually the case in simple œdema; this was then probably not the effect of the intermittent fever.

There was also a venous hue of the foot: this Dr. W. stated he had almost invarialby found to be the case in inflammation of the veins.

Above the knee no swelling: upon pressure in the ham, there is felt a great hardness. Hence we diagnose inflammation of the veins in or above the ham.

The swelling of the limb is easily explained. Lymph is thrown into and around the inflamed vein, more or less completely closing the vessel; in consequence congestion occurs, which is relieved by exudation.

Prognosis.—Favorable: *Treatment* for inflammation—leech and blister.

Aneurism of the Aorta.—The man previously reported as suffering from chronic gastritis was brought into the amphitheatre, to illustrate the diagnosis of a far more serious condition. Upon percussion, there is in this case dullness, extending from the upper portion of the heart to near the apex of the sternum.

There is, therefore, some solid or liquid here. Auscultation will decide which: at the upper portion of the left lung we find bronchial respiration; this may result from a narrowing of the trachea or of the bronchi. If tracheal we would expect to hear it upon both sides of the chest, but we do not hear this sound upon the right side; we infer that the sound is not tracheal, but probably bronchial in its origin. As this sound is most distinct over the left bronchus, there must be something pressing upon it.

Yesterday a murmur could be detected over the suspected spot, but to-day it could not be heard. This is a doubtful case, but most probably there is an aneurism of the aorta.

Diabetes Mellitus.—This patient asserts that he has passed as much as thirteen quarts of urine per day.

Is this a case of simple diabetes or of diabetes mellitus? We must examine the urine to ascertain the absence or presence of sugar.

The urine is pale colored, sp. gr. 1030. Upon adding yeast to the urine, the sugar of diabetes, if present, will undergo fermentation; and the carbonic acid gas will cause the urine to bead, or foam, and can afterwards be collected.

This has been done in this case and sugar found. Trommer's test gives us the same information. This is, therefore, a case of diabetes mellitus.

The question first occurs, what is the source of this sugar?

Most assuredly it is not secreted by the kidneys; for it has been found in the blood in these cases. It has been supposed to arise from an imperfect change of farinaceous food in the stomach, it being converted into sugar, and as such absorbed.

Some time ago, Bernard asserted that the liver was a great sugar making organ, even when no vegetable food was taken. This sugar, Bernard states, enters the blood and is decomposed (burned) in the lungs.

Diabetes may therefore result (if these views are correct,) from the liver secreting too large an amount of sugar, or from the lungs not consuming all the sugar destined to be thrown off in this manner.

Bernard also found that on irritating a small spot in the medulla oblongata, sugar appeared in the urine; this suggests the idea that in some cases diabetes may be cerebral in its origin.

The extreme obstinacy of this disease is remarkable, without any yet discoverable lesion, it progresses steadily on; after a time great emaciation, hunger, and thirst, and then organic changes in various organs occur; tuberculosis most frequently lulls into death the suffering and wasting frame.

Treatment.—The indication is, to give a diet out of which sugar cannot be formed: animal food. For the general health; iron, quinia, and cod-liver oil.

Another indication is to endeavour to cause the chemical changes to continue, which convert the sugar into lactic acid and carbonic acid gas. Rennet has been used for this purpose. *Some years ago I was struck with the idea that yeast might accomplish the same thing. I gave it in some cases, and found a favorable change. I claim no merit for the application, it is not a specific, but a remedy. Still, little as it is worth, an English physician has recently attempted to take from me the suggestion.*

We allow some vegetables such as the greens, water cresses, &c. Under this diet the patient has improved. His gums are sore, almost presenting the appearance of scurvy; for this condition we allowed some lemon-juice, and under its use the amount of urine and sugar greatly increased.

WEDNESDAY, NOV. 24TH.

Service of Dr. Wood.

Enteric or Typhoid Fever.—Case 1.—This case is interesting from the fact of its showing the efficacy of mercurials, when there is a general failure of the secretion, and general languor of the vital functions.

In this case we had a dryish tongue, dry skin and scanty urine, tympanitis and cerebral symptoms; these have all yielded to mercurials. (Blue mass combined with opium.)

Case 2.—Another case of typhoid fever requiring a blister to the head; condition very similar to the case in last week's REPORTER, and success the same.

Prurigo.—This case is interesting from the facility with which it yielded to the impression of arsenic. In this case glycerine was used externally, and apparently with great benefit.

Congestion of the Brain.—When admitted, the patient was comatose; there was contraction of the flexor muscles, pulse 135.

Dr. Smith, resident physician, had the patient immediately cupped.

This not having afforded the patient much relief, I ordered a blister; as the blister acted the man rapidly recovered his consciousness.

A most extensive Ulceration of Fauces and Pharynx, probably Syphilitic.—Treatment, local application of strong solution of argent. nitrat. and give blue mass and iodide of potassium internally.

Service of Dr. Norris.

Injury to the Perineum.—Dr. N. presented a case of great injury to the perineum, consequent upon a fall. The man passed blood by the urethra. Symptoms of peritonitis have supervened.

There is probably rupture of the urethra or of the neck of the bladder. A bougie has been passed into the bladder and is there retained.

Fractures of the Patella.—Dr. N. took occasion to dwell upon the subject of fracture of the patella, there being at present many cases under treatment at the hospital.

This lecture was very valuable, every point in the treatment being demonstrated in the numerous cases brought before the class.

The treatment adopted at the hospital is to force the broken fragments into their proper position, and retain them in situ by means of adhesive plaster.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

WEDNESDAY, Nov. 17.

Service of Dr. Henry H. Smith.

From this day's service we select the following cases for report:

Primary Syphilis.—A young man, eighteen years of age, had connection with a prostitute five weeks ago. A few days afterwards he noticed some drops of matter oozing from his urethra. Active inflammation of the penis, which became swollen and tumefied, ensued, and partial phymosis was established by the third day of the complaint. Under the influence of a cathartic, the inflammatory process was much subdued, and two weeks after the connection he was again able to retract the prepuce.

He then, for the first time, noticed two well marked chancres behind the corona glandis. One of his young friends, who had suffered from the disease, offered to treat him, and began by cauterizing the sores well with nitrate of silver. But perhaps because the caustic was applied too late, or because too much of it went upon the surrounding mucous membrane, and too little upon the sore, this operation was not successful. A high degree of inflammation was developed in the prepuce. It became red and tender, and was greatly distended by an exudation of serum. In consequence, it could no longer be brought down over the glans, presenting, in fact, the condition known as paraphymosis. His clap continued undiminished, though (as indeed from the first,) he has had no chordee. No treatment was employed under these circumstances, and about four weeks after the connection, a bubo made its appearance in the left groin. It was at first small and hard, involving but a single gland, and when he was presented at the clinic for the first time it had not increased much in size, but was red and tender, evidently threatening to suppurate at an early date.

In the treatment of such a case as this, three points were worthy of careful attention. First, the gonorrhœa; secondly, the chancres; thirdly, the bubo. For the gonorrhœa at first simple astringent injections would be directed. The chancres would be dressed with lint dipped in aromatic wine. It was, however, upon the bubo, in a case such as this, that attention would chiefly be concentrated. Such a bubo was capable, if untreated, of innoculating the system, and leading to the development of secondary symptoms. All bad consequences would, however, probably be prevented if the diseased gland were destroyed by some powerful caustic. A blister would be applied, and the cuticle having been thus removed, caustic potassa, or perhaps nitric acid, would be applied to the raw surface freely enough to cause the gland to slough out.

By adopting this plan of treatment the patient would probably be saved from secondary symptoms, and would not require any constitutional treatment.

Scurvy.—A man, aged 46 years, had been employed for many weeks in connection with one of the light-houses on our coast. His food during this time had consisted entirely of salt meat, bread and tea. He had had no access to fresh meat or vegetables, and no anti-scorbutics had been furnished him.

About ten days ago he first felt a stiffness in his left knee, and noticed an induration behind the knee in the popliteal region. When brought before the class the following conditions were presented. The popliteal region, and some distance up the limb, in the course of the femoral vessels, as well as down the back of the leg in the course of the posterior tibial, and down the front of the leg in the course of the anterior tibial, was the seat of a well marked hard tumefaction.

The tumefied parts were considerably discolored, presenting in parts the yellowish hue noticed in old bruises, while other parts were much more livid. Pressure with the points of the fingers left well marked indentations, as in ordinary œdema. When the patient walked he was observed to limp, in consequence of the induration interfering with flexion of the leg upon the thigh. He also complained of pain in the parts, which was much increased on walking. Further inspection showed that a number of livid spots of small size, like the spots of purpura, existed upon the legs. The gums were tumid, livid, and bled upon the slightest touch.

The case was, in fact, one of scurvy, a disease which, depending as it does upon errors in diet, is far from common in this country, though still occasionally met with among the poorer classes.

Among the many forms of the disease, scorbutic indurations were occasionally to be met with, such as this case presents; and in the almshouses of large cities, almost every winter, several such cases appear in the wards. The tumefaction in this case was probably due to

an exudation of liquor sanguinis, (stained with hæmatin,) of which the fibrinous part had more or less completely coagulated. *It was worthy of notice that the exudation has followed the course of the great vessels of the limb.*

The treatment in this case would be simple. Fresh vegetable food was imperatively demanded, and would alone suffice to effect a cure. But this favorable result would be much hastened by the internal use of tincture of the chloride of iron, in dose of 10 drops thrice daily, and by friction with some stimulating liniment, such as liniment. saponis camphorata.

The patient was put under this treatment, and returned on Saturday, Nov. 20, much improved, the pains gone, the limp decidedly less, and the induration much softer and smaller. Treatment continued.

SATURDAY, Nov. 20.

Service of Dr. Henry H. Smith.

Gangrene of the Index Finger.—Dr. Agnew, at the request of Dr. Smith, presented to the class a young negro man, who, while cleaning a horse, two weeks ago, and holding to the side of the stall with his left hand, had been kicked by the animal, the whole force of the blow being received by the last two phalanges of the index finger of the left hand. When first seen, the skin was not broken, and though the finger was little swollen, a fracture could not be recognised. The patient, however, during the night and day following the accident, suffered such excruciating pain that it was feared that the bone had been comminuted, that the absence of crepitation was due to the impaction of the fragments, and that gangrene was about to set in. Gangrene did accordingly set in, involving the last two phalanges, which were separated by the natural processes, warm poultices being the only dressings employed. On dissecting the gangrenous parts, the second phalanx was found to be crushed into twelve or fifteen small pieces. Three of these fragments, being the remains of the articular extremity of the second with the first phalanx, remained adherent to the stump. These were removed by gentle traction with the forceps.

The soft parts had ulcerated through about half an inch below the joint; as all the bone below the joint has come away, a good stump would probably be made without an amputation. The warm water dressing would be applied for the present.

Tubercular Disease of the Bones.—An old woman was next brought forward who for nine years had suffered from disease of the bones. The superior maxillary, the sternum, the clavicle, and the radius and ulna had in turn been affected. The symptoms had been pain in the bone, followed by tumefaction and abscess formation; and upon the discharge of the abscess a sinus would be left through which diseased bone could be felt with a probe, and which would continue discharging tuberculous looking pus and spiculæ of bone for a variable period of time, ultimately, however closing, and the patient remaining well until the process began to be repeated in other parts. Eight or ten such sinuses had existed in connection with the bones above named, but had all closed except two, one in connection with the superior maxillary, and one in connection with the ulna. The lymphatic glands of the neck had also been enlarged, and several scrofulous abscesses had discharged externally. The essential lesion in this case was undoubtedly the tubercular diathesis, leading to tubercular deposits in the cancellated tissue of the bones involved. Ulceration of the surrounding textures, with discharge of the softened tubercular matter externally, ensued as a consequence.

The treatment of such a case should therefore be constitutional. For sometime the patient had been under treatment at the Dispensary of the house, and was taking full doses of the Liquor ferri iodidi; generous diet had also been directed, and no local measures except the warm water dressing, had been employed.

Under this treatment no new sinuses had formed; the patient has ceased to suffer any pain, her general health has much improved, and a successful termination of the disease might be expected.

Operation for Strabismus.—A little boy aged nine years, had suffered from converging strabismus, which appeared immediately after an attack of measles when he was about two years old. If his left eye is closed he has distinct vision with the right, but if the right eye is closed he sees very indistinctly with the left.

The left eye was therefore selected for the operation, which would consist in dividing in the usual manner the tendon of the internal rectus muscle.

Special attention was called to the danger of incising too little or too freely the sub-con-

junctival fascia. If too little incised, the squint would not be overcome, if too freely, the eye would have a tendency to protrude.

The operation having been performed, parallelism of the two eyes was obtained, and a bandage having been applied to the *sound* eye, the patient was given into the care of his family physician.

The patient upon whom Dr. Agnew had operated for VARICOCELE on a former day, was next exhibited to the class. The operation had been completely successful. Other cases were exhibited, particularly an interesting case of *tubercular deposit* in the lymphatic glands of the submaxillary region of a healthy looking young woman, for the details of which, however, we regret our lack of space.

HOSPITAL OF THE JEFFERSON MEDICAL COLLEGE.

Service of Dr. Dickson.

WEDNESDAY, NOVEMBER 17TH.

Chronic Rheumatism.—William G., aged 24 years, affords an illustration of chronic rheumatism connected in some obscure way with a scrofulous constitution. We are often called upon to treat cases of this kind, in which there seem to exist certain affinities between morbid conditions, and it is important that we should always endeavor to comprehend the nature of the connecting link. Between the two diseases of the same class, acute and chronic rheumatism, which are supposed to be connected, we have many points of difference. The chronic form does not necessarily follow an attack of acute disease. Indeed we more frequently find chronic rheumatism occurring independently; so that although apparently modifications of the same morbid affection, there is great reason for believing that there is a wide difference between them.

The knee is swollen, and the leg atrophied. Where a strumous condition co-exists with chronic rheumatism, softening of the bones is likely to occur, but we often find the bones indurated, when such a condition is absent. The patient's complexion is that of a sufferer from phthisis. The hand has lost its symmetry in consequence of rheumatic swellings of the joints. In these cases, the best treatment is by alteratives, mercury, in some form, being perhaps the most efficient remedy. The continued use of Hydrargyri Chloridum Corrosivum in doses of gr. $\frac{1}{24}$ to $\frac{1}{30}$ three times a day in solution; to be followed by the employment of the iodide of potassium, or, what is better, red iodide of mercury and iodide of potassium. Colchicum, guaiacum, and other remedies reputed to be anti rheumatics, would interfere with the general good health of the patient, and could not be prescribed with such fair prospects of success, as if he was put under the effects of an alterative, acting by its cumulative impression upon the disease.

℞. Hydrarg. chloridi corrosiv. gr. v.
Alcohol f℥j. M.

Ten drops to be taken three times daily, about an hour after each meal.

After a short time, let him begin with alterative doses of deutiodide of mercury. Externally he will be benefited by the application of some counter-irritant, and the limbs should be covered with warm dry flannel.

Remittent Complicated with Intermittent.—Sarah Y., aged 39, affords another example of the intermixture of bilious remittent with intermittent fever. The spleen is enlarged and painful. Usually this organ is insensible to all external impressions. Sometimes, however, inflammatory action is set up, which may lead to abscess, and the matter is discharged by its spontaneous opening. In one case described, purulent matter was discharged into the stomach, and vomited up by the patient. Such a condition of the spleen is never seen in bilious remittent uncomplicated with intermittent; hepatic derangement is much more frequent, with the formation of gall stones, etc.

In the case now before the class, there is splenitis, with great tenderness on pressure, inflammation having supervened upon induration of that organ. Iron, in some shape, is always to be recommended in such forms of chronic disease; its good effects depending, perhaps, upon some connexion with the agency of the spleen in modifying the condition of the blood. External counter-irritation should also be persevered in with unguentum antimonii. With the internal administration of iron, it will be well to combine a little sulphate of quinia, for the malarious impression still exists.

Epilepsy, with Hemiplegia, &c.—Sarah L., aged eight, was attacked with winking of the eyelids and twitching of the right foot last July, accompanied with flushing of the face. She has frequently had attacks since, and for

two or three minutes she loses the power of the right arm and leg, and falls. This decided form of epileptic seizure with subsequent paralysis, is followed by a state of somnolency, which, if not diagnostic, is characteristic of epilepsy. The eyes are turned up during the attack; the patient turns towards the right side, which is not the usual tendency in these cases, the left side being the most common; and laryngismus with impeded return of blood to the brain is also generally met with. Paleness succeeds, and a gradual return to a state of apparent health, although the effect of the attacks is visible in the retraction of the muscles of the left side of the face, especially in the act of laughing. She has had seven attacks since last night. At the commencement of the epileptic seizure, she has a tendency to run backwards.

There are various degrees recognised in epilepsy, as the *absence* of the French, the *petit mal* and the *grand mal*, etc. In one of these forms there is a mere mist or cloud passing over the mind, and perfect unconsciousness does not occur. Generally, before falling, the patient has a tendency to draw his head to one side or the other, with a forewarning sensation of coming unconsciousness, which may or may not take place. In regard to frequency of attacks, one case was detailed in which the child had one hundred attacks within twenty-four hours, and yet for six or seven weeks the troublesome tormentor was absent, to recur again with unerring certainty.

Here there is a most interesting mingling of nervous phenomena, chorea, epilepsy, and hemiplegia being associated together in one case. The intensity does not seem to be proportionate to the frequency; usually they are correspondent. The tongue is probably retracted during the attack, and thus escapes injury. At this age there is more hope of cure, although Hyrtl believes that this is inversely proportionate to the frequency of the attacks. It is to be hoped that the revolution of the system, at the age of puberty, may have a favorable effect in breaking up the epileptic tendency. The disease is always, however, a source of serious anxiety, and baffles our best efforts at relief.

Is the cause centric or eccentric? If the latter, depending rather upon the existence of some local hyperæmia, than upon irritation beginning in the cerebro-spinal system, we may sometimes, by attending to the removal of such local irritation, act beneficially on the disease. There is cerebro-spinal disease here of an obscure character. A seton should be introduced into the back of the neck, and a tentative treatment, by steady purgation with three grains of rhubarb combined with a grain of calomel every night, be commenced at once. The diet should consist of milk, rice, &c.

Service of Dr Gross.

WEDNESDAY, NOVEMBER 17TH.

Malformation of the Ears.—A child of about four months of age, has a congenital malformation of both ears—a supplementary fibro-cartilage existing in the right, while the left has merely a rudimentary appendage. Such deformities are very unfrequent, and without inquiring physiologically into the causes which could have operated in its production in this case, there can be no doubt of the propriety of removing the supernumerary portion upon the right side.

In performing this operation, another piece of fibro-cartilage was detected, more deeply seated, but not interfering with the organ of audition sufficiently to require its removal. The parts were approximated by means of the interrupted suture.

Permanent Flexion of a Finger—Tenotomy.—Frederica K., aged about 25, has for some time been unable to extend the ring finger of her right hand, a state of permanent flexion having supervened upon an injury to the hand, by which the tendon may have been cut. At a first glance, it seems that it might have been produced by contraction of the integuments, but these are found on examination to be soft and yielding. When a tendon in the hand is cut across, union does not take place with the same rapidity as after division of tendons in the foot and leg. No satisfactory explanation is offered for this variation. Even when the hand is placed in the best possible position for re-union, the proper use of the distal portions of the finger is not restored. Forcible extension has the effect of straightening the finger, but it returns immediately to a state of flexion.

Division of the tendon by subcutaneous incision produced no amelioration of the symptoms. Perhaps if the finger should be placed for a week upon a splint, and be tightly bandaged, this tendency to permanent flexion may be overcome. Amputation will be resorted to only after all other means of relief have failed.

Varicose Condition of the Leg—Amputation.—Rachel M., the patient with varicose

vessels of the leg, presenting such striking peculiarities, who was before the class on Saturday last, was again brought in. The foot is a mass of diseased veins and arteries. The attempt to obliterate the veins by Vienna paste, or the ligature, would not only be improper, but futile. The saphenous vein is enormous, and inflammation consequent upon such operations would probably be so great as to destroy life. In addition to these considerations, the condition of the leg is such as to render it entirely useless to her, and there is no remedy which is likely to relieve the hypertrophied morbid state of the vessels of the limb. The internal saphenous vein is enlarged up to its termination in the femoral, and the branches of the femoral artery, and, indeed, all the vessels of the limb have undergone a similar change.

With such a vascular state of the leg, we must expect that amputation will be attended with serious hemorrhage, requiring the application of many ligatures. In performing this operation, the principal flap will be made at the expense of the gastrocnemius muscle; the incision being made three or three and a half inches below the patella, and a sufficient amount of bone and stump will be left for an artificial leg, without any possibility of injurious friction of the stump. Amputation immediately above the ankle is not possible, on account of the diseased condition of that portion of the limb. Where all other circumstances are favorable, amputation at this point furnishes a better stump for an artificial leg, on account of its length. The same rule applies also in amputation of the thigh; make the stump as long as possible, in order to give a good lever for an artificial limb.

The patient was placed under the anæsthetic influence of chloroform, a bandage was tightly applied from the toes upwards, in order to enable the blood to return to the body before the application of the tourniquet, and the limb was elevated. There are certain precautions to be taken in amputations of the leg. The fibula must be sawn through first, as it is smaller than the tibia, and any sharp points of bone be carefully removed before the edges of the flap are brought in apposition. Care must be taken in introducing the knife, that the point is not insinuated between the tibia and fibula. The incision must be made from above downwards, and from before backwards. After the vessels have been tied, it will be found expedient to cut off a portion of the redundant muscular tissue, as it absorbs extensively after such an operation, and its removal gives the stump a much neater appearance.

After the limb was amputated, the anterior and posterior tibial arteries were tied, as well as several smaller vessels.

Traumatic Orchitis.—Alfred A., a colored boy, aged 14, has had orchitis from injury by a fall last Saturday. The left testicle is swollen to three or four times its natural volume; the scrotum is œdematous; while the right testicle is of its ordinary size. Tenderness exists in the left testicle, but there is no swelling of the cord. No evidence is present to induce a suspicion that this is a venereal case.

We have to treat the affected parts upon general antiphlogistic principles, rest, support by suspensory bandage, the application of a solution of acetate of lead, made as follows:

℞. Plumbi Acetatis, ℥j.
Opii Pulv., ʒj. M.
For a gallon of boiling water.

This solution should be applied cold, and the part kept wet. A dose of purgative medicine must be administered every fourth night, and every four or five hours the following prescription:

℞. Antimonii et potassæ tartratis, gr. 1-10.
Magnesiæ sulphatis, ʒss. M.

Rest must be strictly enjoined, as the colored race is thought to be especially liable to scrofulous affections of the testicle.

SATURDAY, NOV. 20TH.

Neuromatous Tumor.—Hector S., 64 years of age, has a small projecting tumor occupying the posterior part of the arm, of thirty-nine years standing. The patient ascribes its first appearance to the penetration of a thorn into the arm, while he was pushing his way through a hedge. This is not the probable cause; the tumor has appearances similar to neuromatous growths or expansions of the nervous tissue. Great morbid sensibility exists, and the color is bluish. The pain in the part is described as burning, not shooting. An operation was performed upon the tumor about three years ago, but the patient believes that no portion of it was removed. The sensibility is intensified in damp weather.

If the tumor had been produced by a thorn, the latter would have worked its way to the surface long ago, or would have become encysted. There is no question that the tumor should be removed, as a source of relief to the patient who is frequently prevented from sleeping.

The tumor was removed by an elliptical in-

cision; and microscopic examination may throw some light upon its true nature.

Strangulated Scrotal Hernia.—A man, aged about 30, was brought to the College this morning suffering from scrotal hernia, strangulation from which occurred last evening (Friday) at seven o'clock. This is the first time strangulation has resulted, although he has had hernia for a long time, which has generally been nearly reducible on lying down at night. The pulse does not indicate the existence of inflammation of the bowel or the peritoneum consequent upon the stricture. There is much tenderness and pain in the part, no hiccough, but considerable vomiting. For twelve years the right testicle has been much larger than the left, and very much indurated. The swelling now feels hard like a cylinder of wood, and is very sensitive. The testicle occupies the position usual in cases of scrotal hernia.

The tumor must be intestine, or omentum, or both; it is impossible to decide which by examination. If the bowel be down, we can detect the presence of gas by crepitation during the process of reduction. Whatever be the part that has descended, we can positively declare this to be a well-marked case of strangulated scrotal hernia, which is probably reducible. Strangulation is generally the consequence of sudden unusual muscular exertion. The patient had not hiccoughed much until brought before the class, when attacks of hiccoughing occurred. He complains greatly of tenderness of the lower portion of the abdomen. This morning he was placed under the anodyne effects of a grain of sulphate of morphia.

In cases of long standing, inflammatory action is followed by the effusion of plastic matter, and a mechanical obstruction renders reduction exceedingly difficult. This is probably not the case in the patient presented today.

Strangulated hernia is commonly attended with pain not only in the part affected, but also extending towards the umbilicus, with a feeling as if a cord or wire was being drawn across the abdomen. Soon the whole abdomen becomes painful, with all the signs of peritonitis. If the case is still more severe, typhoid symptoms supervene, with mortification, and the patient rapidly sinks. Or, if he survives, as sometimes, but rarely, happens, an artificial anus is established.

In preparing a case of strangulated hernia for the process of reduction, chloroformization facilitates our operations by its antispasmodic influence, relaxing the muscular system, and rendering reduction much more easy. The limbs should be elevated to relax the abdominal muscles, the leg be flexed on the thigh, and the thigh upon the pelvis; and the head and shoulders raised, so as to approximate the attachments of the abdominal muscles and thus produce relaxation. The tumor must be drawn down to separate it from the abdominal ring; and pressure be applied to the parts last protruded, for it would be impossible to reduce the hernia, if the portion that descended first should be returned first. The two rings probably lie directly opposite each other, the internal ring being drawn down by the tumor.

Reduction was made by gentle taxis, crepitation being distinctly felt, while the bowel was passing up. The patient was directed to take a little morphia combined with tartar emetic soon after the operation; the part to be maintained in position by a suspensory bandage; and flannel wrung out of warm water to be wrapped around it, and constantly moistened. To-morrow morning, a laxative dose of oleum ricini or magnesiæ sulphas must be given him.

Nævus.—Two cases were presented to the class, one of which had been treated at a previous clinic by ligation. The nævus is reduced in size, but the cure is not complete. A thread was introduced, which was previously saturated with the tincture of perchloride of iron. In the other case, the portion of the lip was removed, in which the nævus was situated.

Polypus Nasi.—Emanuel L., aged 24, afforded an opportunity for describing the various forms which polypous growths in the nasal passages assume, their causes, diagnosis, and modes of treatment. This case was of the soft gelatinous oyster-like variety, breaking up during attempts at its removal, and giving rise to a considerable amount of hemorrhage.

HOSPITAL OF PHILADELPHIA MEDICAL COLLEGE.

Service of Dr. Halsey.

WEDNESDAY, NOVEMBER 24TH.

Syphilitic Neuralgia.—A man, aged 28, was brought before the class, who had severe neuralgic pains in his hip, thigh and leg, the

pain following the course of the great sciatic nerve; besides a copper-colored eruption which had by this time nearly all disappeared. This patient was brought before the class, and put under treatment three weeks ago, having at that time an indurated chancre just behind the corona glandis, which had existed more than two months. He had also then, a distinct copper-colored eruption of an erythematous character, and was suffering most severely from nocturnal pains in his hip, thigh and calf of the leg. For many nights in succession, he says, he has not been able to sleep. He had pain, also, in his neck, in the side of his face, and shoulder. His hair is now thin, and he says had been coming out fast until a week or so ago.

There are several important features in this case, which it is well to notice. In the first place, the character of the chancre, which was different from the most of those that are commonly met with in practice, in its being hard and cartilaginous, having rounded edges, and a depressed centre; instead of being circular, as most chancres are, it is elongated, and has much the feel, in this case, of a split pea, or rather bean.

This ulcer is very slow in its progress, and shows no disposition to spread. It is probably on this account that frequently patients do not apply for aid until more severe symptoms have set in, which are constitutional ones.

This kind of chancre is almost always followed by constitutional syphilis, and frequently you will find, as in this case, the chancre and an eruption existing together.

This induration, when it has existed from the first, and is not the effect of irritating applications, is a symptom showing the constitution to be affected. On this account it is not judicious to rely simply upon local treatment, as we generally do in simple chancres, but it is necessary to conjoin it with the administration of mercury, or other alteratives, internally.

The pains this patient complains of are peculiar. Most generally you will find syphilitic patients complain of pains in the shafts of the long bones, in the forehead or sternum, more particularly are they seated in the tibias or over the brow, and sometimes along the inner edge of the ulna. And these pains are always increased at night, particularly when he has become warm in bed. We have the pains occurring at the same time, but instead of the bones, or rather periosteum being affected, as is usually the case in constitutional syphilis, we have here a regular neuralgic condition. But this condition we will sometimes meet with where the nerves and muscles are affected, though not often. It sometimes occurs that the patient has taken a good deal of mercury, and getting into a perspiration, by exposure, has had it suddenly arrested. In such cases the patient is apt to suffer severely from pains, resembling those of rheumatism. The patient says he has not taken any mercury, that he is aware of, except that which we have given him. We therefore deemed these pains to be syphilitic, and the success of the treatment has proved the correctness of our diagnosis. You will remember we gave him a prescription as follows:

℞ Potass. iod. ʒij.
Hyd. protiod. gr. ij.
Inf. sarsap. Oj. M.
Take a tablespoonful 3 times a day.

The ulcer was cauterized and black wash used as a lotion.

The treatment you see has been very successful. The chancre has healed entirely. The pains have all left him, and the eruption nearly disappeared. It will be well however to continue the treatment a few days longer.

Orchitis.—The patient three weeks ago came here with gonorrhœa, and was treated with mild astringent injection and internal use of a saline mixture. He was improving very well until last week the running suddenly ceased, and the right testicle became as suddenly swollen, hot and painful.

We have inflammation here of the epididymus consequent upon a gonorrhœa, which is not at all uncommon, particularly with patients who will persist in attending to their occupation, or being much upon their feet and walking about. Leeches and a warm fomentation were applied, which relieved the pain very much. As it is not so hot and painful at present, we will order to be applied an ointment composed of

Ext. belladonnæ, ʒj.
Ung. hydrarg.
Cerat. simplex, āā ʒss. M. and apply.

Also,

℞ Tart. antim. et potass, gr. ij.
Magnesiæ sulph., ʒij.
Aquæ, Oj. M.
Take a tablespoonful 3 times a day.

Gonorrhœal Rheumatism.—A colored man came before the class, having his right hand and wrist very much swollen and excessively painful on handling and in being moved. It

came on about a week ago. He has a gonorrhœa which has continued since last June.

This is a case of rheumatism which sometimes in certain individuals follows gonorrhœa, and it is said that those who have once had it, are very likely to have it a second time.

It is not uncommon to find it accompanied with ophthalmia, although no matter has been applied to the eye.

This form of disease is exceedingly rare, and is very likely to recur on account of the existence of the peculiarity of constitution which has induced the disease. For the same reason it is sometimes exceedingly difficult to cure. We will give him a purge of calomel and rhubarb, then give also the following prescription:

℞. Potass. iod., ʒij.
Vin. ergot. fʒj.
Aq. distil. fʒiv.

Take a teaspoonful every 3 hours. Apply also to the part flannels wrung out of hot water.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

WEDNESDAY EVENING, NOVEMBER 10TH.

DR. BELL, PRESIDENT, IN THE CHAIR.

Subject for discussion, INFANTILE CONVULSIONS.

DR. ISAAC REMINGTON, opened the debate by reading the following paper:

Infantile convulsions—Eclampsia, as they are sometimes designated—whether we consider the frequency of their occurrence, the interesting objects of attack, or the great mortality that attends them; cannot fail to arrest the attention of the Practitioner, and forcibly impress his mind with the importance of a correct knowledge of their pathology and treatment.

In evidence of their frightful mortality, I find, on reference to Statistics, that the annual average deaths of children by convulsions, occurring in Philadelphia, from 1836, to 1845 inclusive, was 308, and about two thirds of this number were under one year of age.

During the eight years that have just elapsed, i. e. from 1850 to 1857 both inclusive, the annual average deaths of children from this cause has reached 534.

It is perhaps, one of the most frequent forms of disease to which our aid is invoked and is always productive of the greatest alarm and consternation to the family in which it occurs. It thus becomes the duty of the Physician, on his arrival, to endeavor by a calm, steady, self-possessed demeanor to allay all unnecessary fears, and to infuse a spirit of hope and confidence into the minds of the attendants.

The child may have had some slight twitchings or startings in its sleep, or it may be suddenly seized without premonition with violent spasms of the muscles, having its head forcibly thrown back, its limbs rigidly extended, with clinched hands, the face inflated, livid and suffused, or its features frightfully distorted by the alternate contractions of its muscles;—there is usually frothing at the mouth, with closed jaws, or the corners of the mouth may be drawn to one side by the convulsive jerkings of the muscles. The respiration is labored,—or quick and irregular, or may be temporarily suspended, sibilant, or affected with a rattling wheeze from the presence of mucus, or a stertor may attend.

The eyelids are wide open, or winking very rapidly; the eyes may be fixed, with a wild stare, or found squinting, the pupils usually dilated, and pulse very rapid. There is an entire want of consciousness, and deglutition is impossible during the paroxysm.

The paroxysm thus described, varies both in duration and violence, sometimes going off in a few minutes, leaving the child weak and exhausted, though inclined to sleep; or it may continue for hours, and after an interval of of uncertain duration, it usually returns with augmented violence, (if the exciting cause be not removed,) until it terminates in death.

The causes of convulsions may operate either directly on the brain itself, as in the case of falls, blows or other injuries,—by producing lesions of its substance, by pressure from abscess, effusion or inflammation of its meninges; or indirectly, the primary or exciting cause being seated at some remote point as in the gums from teething, or in some irritating matter present in the stomach and bowels,—the irritation or morbid influence being transmitted through the medium of the nerves to the medulla oblongata and spinalis, and thus disturbing the nervous centres.

The extreme mobility, the excitability, and the delicate organization of a tender infant, all concur to render it peculiarly liable to convulsive disorders, and in our treatment of this most interesting class of maladies, we should never lose sight of the importance of the

brain, as the principal vital organ on which such attacks spend their force.

I think I have observed in some families that there was almost an hereditary predisposition, (if I may be allowed the expression,) to convulsive attacks arising from apparently trivial causes—a slight mental irritation or excitement being sufficient, to induce a convulsion. I distinctly remember a family of 12 children, who with one exception all suffered from repeated attacks of convulsions from early infancy up to puberty, whenever subjected to any general irritating cause, as fever, teething, or disorded stomach. Now why should some children be so obnoxious to convulsions, while others escape under precisely similar circumstances? May not the habits and mode of living of parents be intimately involved in the issue of this question? The frequent indulgence of ungovernable passion, the abuse of narcotics, and habits of dissipation and intemperance must exercise an injurious influence on the health and vigor of their offspring, giving origin to many of those intractable nervous disorders and lesions which end in epilipsy, idiocy, paralysis and insanity.

In practice, we have found it convenient and useful to arrange the exciting causes under three heads, viz: 1. Dentition, 2. Fever, and 3. Irritating ingesta or narcotic poisons in the prima viæ. Intestinal irritation often depends on the presence of worms and especially ascarides in the rectum.

On being summoned to a case, our first inquiry usually is—What has the child been eating? if provided with teeth, or accustomed to feeding. If the child is teething, we examine the state of its gums, and when the surface is swollen, flattened or inflamed, cut down freely. When the stomach is oppressed by indigestible food, exhibit an emetic of ipecac., or mustard water. When fever is present, we endeavor to ascertain its form and character, and proceed accordingly to treat the case on general principles. When the child is suffering from a direct injury to the brain itself, or indirectly, from the presence of some narcotic poison in the stomach, or of worms in the bowels, the treatment to be pursued, must necessarily vary, and be adapted to the circumtances of each individual case.

To illustrate the importance of ascertaining the nature and true seat of the exciting cause with the view to its removal, and the successful management of the case, permit me to present to your notice a brief abstract of the following cases:

Some years since, I was requested to visit the son of J. P., (an only son at that time,) aged 5 or 6 years, on whom his parents fondly doted. He was taken suddenly in convulsions, and being prevented by illness from attending that evening, the family called in a physician in the neighborhood, who bled the child, ordered hot pediluvia, sinapisms to ankles, a dose of calomel, &c., all to no purpose, as the spasms continued to recur throughout the night. On visiting the child the following morning, I immediately inquired what he had been eating, and was informed that he had eaten figs the day before, which, however, were considered by the mother as perfectly harmless and inoffensive. An emetic was given, when instantly the figs were rejected from the stomach, undigested, to the entire relief of my patient, and the speedy arrest of the convulsions. The importance of attending to children's diet should be forcibly impressed on the minds of parents whose children may be subject to convulsions, and more especially when their digestive functions are deranged by teething, or, as in some instances, by the long continued use of narcotic poisons, as Godfrey's Cordial, Bateman's Drops, paregoric, laudanum, and the various colic mixtures of the day, given in improper doses, without rhyme or reason.

Another case, depending on the presence of indigestible food in the stomach and bowels, was the child of V. F. H., aged about two weeks, who had suffered severely from colic, brought on by a stupid, inexperienced nurse giving the child *cracker food*, while the mother could have supplied all its wants without recourse to artificial means. I was called up at night, and found it in convulsions, its face livid, turgid, and suffused, with rigid limbs, and the muscles generally, and especially those of the face, affected with violent twitchings, eyes fixed with a wild stare during the paroxysm, and in the interval affected with strabismus. The spasms continued to recur at intervals through the night, and the following day and night. During this period, the bowels were freely opened by calomel and oil; and cooling lotions to the head, stimulating pediluvia, onion draughts to the feet, leeches to the temples, and assafœtida enemata were employed. They finally gave way to a blister applied to the spine, about an inch in width, and extending from occiput to sacrum. This expedient, though abundantly severe, had a most happy effect in arresting the convulsions and saving life.

A case of recovery from Convulsions, followed by hemiplegia, may serve to illustrate the extent to which the brain is often implicated.

I was called up at 3 A. M. to the daughter of J. H. A., aged about 20 months, in convulsions, preceded by fever and vomiting of some twelve hours' continuance. The spasms were confined to the upper and lower extremities of the right side, and both eyes were immovably turned towards the right, with dilated pupils. Bleeding was resorted to—warm, stimulating pediluvia, sinapisms, scarification of gums, calomel, followed by assafœtida enemata, leeches to the temples, and blister to nape of neck. Notwithstanding this active treatment, symptoms of pressure on the brain continued to be manifested by entire paralysis of right side and loss of speech. The child had suffered from confined bowels from birth, which condition doubtless paved the way for the development of the present alarming symptoms. The next day the bowels were freely moved, and the day passed without a return of spasms. On the fourth day she had a slight convulsion about noon. On the twelfth day from the attack we commenced the use of strychnia externally and internally, with tartar emetic and croton oil to spinal column, at the same time enjoining strict attention to diet, and care in regulating her bowels.

At the end of the third week there was some improvement in walking, but paralysis of right arm with loss of speech continued. A gradual restoration, however, soon followed, under the use of iodide of iron, quinia, etc., in about eight weeks.

February 8th, 1845.—A child of T. S., aged eight months, was suddenly attacked with convulsions this evening, while laboring under fever. On my arrival, I found the mother occupied in giving it a warm bath (with a room full of women,) which is common on such occasions, and well calculated to embarrass and confuse the young practitioner, and should not be permitted. The air is always deteriorated by the presence of so many persons in a sick room, by depriving it of its oxygen, while the generation of carbonic acid gas and other impurities, inflicts a serious injury on the patient, and greatly endangers his chance of recovery. After administering several enemata, and the application of sinapisms to epigastrium and feet, the spasms continuing unabated, with violent jactitation, livid countenance, and a full, frequent pulse, with strabismus, I proposed bleeding, which was obstinately resisted by the mother, on the ground that Dr. ——, a gentleman of enlarged experience had positively interdicted its employment in a similar case occurring in one of the other children. I insisted, however, on its absolute necessity, and was then allowed to bleed the child freely and with the most decided advantage, causing an immediate cessation of the fits. A dose of calomel was now given, followed by assafœtida enemata. After remaining an hour in attendance, I left my patient comfortable and easy. As the case now passed from under my care, I was afterwards informed by the family physician of its entire recovery.

March 14th, 1854.—Called at 3 P. M., to a son of W. C., aged about 3½ years, in convulsions, which, I was informed, had continued nearly an hour with the most violent spasms and jactitation, and entire unconsciousness; jaws rigidly contracted with frothing at the mouth. Convulsive movements were confined to the left side, affecting the muscles of the face and extremities. I bled the child eight ounces, with manifest relief after employing the warm bath without my advice, sinapisms to feet and ankles, cold wet cloths to head, followed by enemata of lac. assaf. To relieve the larynx from accumulations of frothy mucus, I ordered *Syrup Scillæ Comp.* At 7 P. M., found the child asleep, without return of convulsion, in a perspiration, but consciousness imperfect; ordered, dose of calomel, gr. iij, in hive syrup.

15th. No return of convulsion; ordered magnesia and spiced rhubarb, to observe a state of quietude and avoid all excitement; allowed simple digestible food; convalescent.

B., son of N. J., aged 2 years and 4 months, was seized with convulsions, about 9 o'clock in the morning of March 28th, of the present year Visited him four hours after the attack, found him with febrile pulse, perspirable skin, heat about the head and body, rather more than natural; with symptoms of returning consciousness, and ability to articulate. The spasms in this case, which appeared to be dependent on an attack of intermittent fever, and the presence of indigestible food in the stomach, were evidently passing off, and as a warm bath and warm pediluvia had been resorted to, with cooling applications to the head, and a cathartic, I merely directed a saline diaphoretic, to be followed by an enema, and took my leave. I had scarcely reached home, when I was again summoned to the patient, by a return of the convulsions. There was now profound coma, stertorous respiration, livid countenance, and

a quick thready pulse. Immediate recourse was now had to enemata of *Lac. assaf. c. tr. opii*, ice freely applied to nape of neck, sinapisms to feet and legs, etc., etc. The spasms continued to recur, in diminished force and at varied intervals, up to the hour of dissolution, which took place about 7 o'clock in the evening. The disease running its course in less than 12 hours. Direct depletion by vs. or leeches to temples might have been employed to advantage early in the case, but they did not appear to be indicated at my first visit, as he was apparently recovering from the paroxysm, with a moist surface, and a natural pulse.

He was a bright, active, intelligent boy; had suffered severely from a protracted intermittent last fall, followed by an obstinate attack of hooping cough during the winter. His mother informed me that he was perfectly well the day previous, running about the chamber, full of life and spirits.

Where fever is the exciting cause, and we find a flushed countenance, a full and frequent pulse, hot, dry surface, with manifest determination to the brain, the employment of the lancet is imperiously demanded. We are convinced that we have seen it arrest the convulsive paroxysm again and again, after other remedies had failed. Its early employment in pure, unmixed cases of fever, when not complicated with scarlatina, hooping cough, smallpox, etc., should be selected, to secure the most favorable results from this remedy.

In regard to the employment of the warm bath, in the treatment of convulsions in children, my experience is decidedly adverse to it. And more especially do I condemn it if resorted to during the paroxysm, as the process is eminently disturbing and exciting; although in ordinary states of the system it is well calculated to relax muscular spasm, in convulsions, it has not proved satisfactory in my hands, and, I have therefore abandoned it as useless, if not detrimental, although recommended by high authority.

In numerous other cases, where I have reason to suspect that the child was teething, I never fail to examine the gums, and cut down freely, not satisfied with merely scratching the surface with the lancet, taking care to divide the swollen and inflamed gums down to the teeth, and promote bleeding by friction with the finger or a coarse towel dipped in warm water. The operation of scarifying the gums should be repeated every day or two if the spasms continue, or in case the teeth do not protrude. Indeed, I am satisfied much benefit will very often be derived from this operation whether the gums are swollen or not—the mischief is frequently done to the brain and nervous system long before the gum is raised by the protruding tooth. In most instances it affords instant relief and I have known children who after crying and fretting for days and nights, would cease immediately after dividing the gums, and fall into a quiet sound sleep. The process of dentition I may remark, is a highly important and often critical one to the child, seriously endangering its health and life. The vascular and nervous systems are highly excited at this period, the brain, too, in infancy being more largely developed than in after life, renders the child peculiarly susceptible to morbid impressions, and exquisitely sensitive to pain and irritation; hence we are not surprised to find extreme suffering and nervous disorders result from the operation of comparatively trifling causes.

Blisters behind the ears are favorably regarded by some as a prophylatic, they are indicated where there is much heat about the head and the child is feverish, irritable and starts in its sleep.

Mustard has been employed by Dr. Tripler in convulsions from teething, who states that he found it efficacious in arresting a fearful attack of five hours duration after other emetics failed to make any impression. He met with equal success in several other cases. Its efficacy did not appear to him to be dependent on its emetic properties. I have occasionally resorted to mustard as a prompt emetic and one usually at hand, but cannot say that I have experienced any benefit from its use other than as an emetic.

The application of ice to the spine has been highly recommended, and was successfully employed by Dr. Todd, in a case of unusual obstinacy, after freely lancing the gums, the use of warm bath, terebinthinate enemata, cold to the head, leeches etc., had proved ineffectual. In ten minutes the convulsions entirely ceased, and soon after the child fell into a sound sleep. Next morning he was freely purged, and in a few days was discharged convalescent. This remedy appeared to act as a direct and powerful sedative, in calming the irritable state of the nervous centres.

It is but just, we think to infer that the remedy could not have exercised so salutary an influence had not the previous treatment contributed materially to lessen or remove the primary cause of irritation. We have seen no benefit result from the application of ice to the spine, so far as our experience goes.

(*The discussion next week.*)

Editorial.

MEDICAL SANITARY POLICE FOR THE CITY OF NEW YORK.

We recently referred to the fact, that a Committee of the New York Senate was taking testimony in the city of New York, bearing on the appointment of a Medical Sanitary Police for that city. This office, like most other governmental offices, has hitherto been made solely the reward of political merit. Ability to properly discharge the onerous and highly important duties of the office, has not been thought worthy of consideration, in comparison. Consequently this position has, for the most part, been held by men who are guiltless of acquirements of any kind that render them capable of discharging their duties properly.

The New York Academy of Medicine, feeling the importance of having the Health Department of so large and important a city in the hands of men competent to discharge its duties in an intelligible manner, appointed a Committee to bring the matter before the Legislature, with the view of having a law passed, requiring the Health Department of the city to be managed by medical men. This committee met with many discouragements, and had almost despaired of accomplishing anything, when the last Legislature gave the subject sufficient attention to appoint a Committee of Inquiry. It is this committee which has lately been in session in New York, receiving on one hand, the testimony of some twenty-five of the most prominent physicians of the city, and on the other, that of the present city Inspector, Mr. Morton, and his coadjutors. The testimony of the profession was singularly uniform in favor of a radical change in the administration of the Health Department, and it was most heartily seconded by a very large, enthusiastic and harmonious meeting of the faculty of that city—some four hundred in number, we think—while the testimony on the other side was charaterized by any thing but frankness and candor. Mr. Inspector Morton seems to have tried to avoid a fair, straight-forward examination into the condition of his department, and his capability of discharging its duties, while his endeavors to brow-beat and insult the medical witnesses, betrayed the weakness of his cause.

We understand that the testimony taken was fully reported, and we trust that it will be published.

The result of this investigation may be an entire and very desirable change in the administration of the Health Department of New York.

We are very glad to learn that Mayor Tieman has interested himself in the subject, and taken hold of it with vigor and zeal. Altogether, there seems to be some ground to hope that the day is not far distant, when one city, at least, on this continent, will have a rational code of sanitary laws, rationally administered, by competent men.

PHILADELPHIA HOSPITAL,

BLOCKLEY.

It is understood that Clinical Lectures will be speedily commenced in the amphitheatre of this immense hospital, and an opportunity given to the student for personal inspection of disease in its extensive wards.

A class has already engaged to attend, and we commend the matter to the attention of students, generally, as a means of acquiring a knowledge of as great a variety of disease as is presented by any institution of the kind in this country

The suburban location of the building will make a resort to it by the student a pleasant recreation, relieving his pent-up existence, and varying the changeless scene of streets and brick walls.

The distance of the hospital from the centre of the city is but a moderate walk, or is quickly accessible by one of the passenger railways.

Through the energy of Dr. Oliver, a member of the Board of Guardians, all impediments to the permanent establishment of the Clinics have been removed, and a great addi-

tion to the hospital advantages of this city has been gained.

The Clinics will be continued twice a week throughout the year.

At a recent meeting of the managers of this hospital, the following Consulting Board was appointed, who with the Chief Resident Physician will conduct the Clinics.

Physicians—Drs. J. Carson, S. H. Dickson, J. B. Biddle, J. A. Meigs.

Surgeons.—Drs. J. Neill, D. H. Agnew, R. J. Levis, W. S. Halsey.

Obstetricians.—Drs. R. A. F. Penrose, E McClellan.

THE "ALBANY EPIDEMIC."

We have the pleasure of presenting a very satisfactory account of the "new epidemic," which the newspapers have been reporting as prevalent in Albany, N. Y. This affection in its milder forms, seems to be somewhat prevalent in this city, at this time. Its onset appears to be in the form of influenza, followed by pharyngitis and laryngitis. We have, as yet, neither seen or heard of the more severe forms, in which there is a diphtheritic exudation in the throat.

OUR OLD SUBSCRIBERS—those who took the "REPORTER" in its monthly form—some of them, at least, seem to labor under a misapprehension in regard to their payments. We have not stolen a march on them, in anticipating the close of the eleventh volume, three months, by commencing the new series in October. Those who have paid, and hold receipts for volume eleventh, *are credited to the close of the current year. On the 1st of January*, we shall expect to hear from them, and hope that they will bear in mind that our terms are *strictly in advance.*

☞ *We shall expect a full settlement of all arrearages at the end of this year.*

☞ We have distributed the REPORTER to a portion of our city subscribers through the Dispatch post, and find that some of them have not received it. We would be glad to hear from any others who have failed to receive their numbers.

Medical News.

MARRIAGES.

BUDDINGTON—SHEPHERD.—At Quindaro, Kansas, November 11th, by Rev. Mr. Storrs, Dr. Geo. E. Buddington, to Miss Emma E. Shepherd.

FOLSOM—HALVERSTICK.—On Thursday, November 18, 1858, by Rev. Richard Newton, D. D., Levi Folsom, M. D., of New York, to Mary V. Halverstick, daughter of S. Tobias, of this city.

KILE—COOPER.—On the 18th inst., by Rev. H. J. Gaylord, Hiram Kile, M. D, of Galeski, Ohio, to Miss Helen Virginia Cooper, adopted daughter of Thomas F. Cooper, near Delaware City, Del.

SPEER—SANGER.—In Blairsville, November 16th, by Rev. S. H. Shepley, W. D. Sanger, Esq., of St. Louis, to Miss Sallie E., daughter of Wm. Speer, M. D., of Blairsville.

STINSON—WARFIELD.—At Longwood, Howard County, Md., on Thursday, November 25th, by Rev. T. J. Shepherd, of this city, Dr. William H. Stinson, of Baltimore, to Eugenia Gray, daughter of Dr. Gustavus Warfield.

DEATHS.

DE FOREST.—In Rochester, N. Y., November 24th, Henry A. De Forest, M. D., aged 44 years, lately a Missionary of the American Board in Syria.

FISHER.—In Montreal, November 25th, John Fisher, M. D., aged 34 years.

ROCKWELL.—On Monday, November 29th, Mrs. Isabella T. W. Rockwell, aged 58 years, relict of the late Alonzo Rockwell, M. D., of New York.

TO CORRESPONDENTS.—Dr. H., Sugar Grove, Iowa:—We have forwarded "Barclay on Diagnosis," by mail.

Dr. D., Baltimore, Md.:—Dr. Dickson's Address, was sent by mail.

Dr. W. T. R., Spartansburg, S. C.:—Your numbers were sent long ago. The mails must be at fault. Perhaps some one has thought the "REPORTER" *worth stealing!* We have sent another supply.

Dr. L., Sacramento, Cal.:—We are looking for an opportunity to send your books. The expense by Express would be more than the cost of the books. We wrote you just before receiving your letter.

Dr. M., Fort Wayne, Ind.:—We have sent Dr. Dickson's Introductory, and will send the others you desire when they are published.

Communications.—We have on hand "Two cases of Brisement Forcé of the knee joint," by Louis Bauer, M. D., of Brooklyn, N. Y., "An account of the Brooklyn College Hospital;" also, the "Debate before the Philadelphia County Medical Society, at its late meeting;" "Cases from my Note Book," from Dr. D. W. Maull, Georgetown, Del.; and Communications from Boston, Mass., and Albany, N. Y., all which will appear soon.

Books Received.—Sanger's History of Prostitution; notice next week. Malgaigne's Work on Fractures, edited by Packard; notice soon.

☞ *Correspondents will please be as brief as is consistent with a clear statement of their views, cases, etc.*

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 112. PHILADELPHIA, DECEMBER 10, 1858. NEW SERIES, VOL. I. NO. 11.

Original Communications.

Two Cases of Brisement forcé of the Knee-joint, Successfully Performed.

By Louis Bauer, M. D., M. R. C. S., (Eng.)

Surgeon to the Long Island College Hospital at Brooklyn, etc.

Case 1st.—Robert W. Stanley, from Montgomery, Ala., seven years old, of fine healthy appearance, and robust constitution, was received as a patient into my institution on the 1st of October, 1857.

When a babe, his nurse fell with him, and though no injury could be discovered for the time being, his left knee, nevertheless, in the course of a few days, became swollen and retracted. There was, however, no pain, unless the member was jerked or incautiously moved. In this condition the patient continued about two years, when on a sudden and without apparent cause, the joint became excessively tender, hot and intumesed; but even in this instance spontaneous relief ensued after about three weeks, and ever since, the affection has remained stationary.

On examination, the extremity is found to be reduced in circumference about one-fourth. Knee-joint is slightly enlarged and sore on touch; it is by the retractions of the flexor muscles, kept at an angle of about 115°, within which angle its flexion and extension is perfect. The most prominently contracted muscle is the biceps, whose tendon can be felt as tense and stout as a rope. Patella firmly adheres to external condyle of femur. No fluctuation anywhere.

October the 2d; divided the tendon of the biceps successfully; the other muscles yielded kindly under the influence of chloroform, so that I could stretch the extremity as far as practicable, and place it into a straight splint. The proceeding went off gently—no great physical power or violence being required.

2d. 6, P. M. Patient very restless and feverish; cries out occasionally vehemently from pains in his joint. Knee sensitive to the touch. Ordered cooling and antiphlogistic mixture, with ice locally applied.

3d. 10, A. M. Passed a wretched night, slept scarcely a minute. Pains in the joint excessive. High phlogistic fever. Removed bandage, when the knee at once assumed a more bent posture, which gave instantaneous relief. There was, however, no evidence of undue pressure. Cannot discern a retracted muscle being left undivided. Arthro-meningitis had evidently set in; there was great heat and tenderness about the joint, and moreover distinct fluctuation within the capsule. Ordered calomel with opium: ice to be continued.

5 o'clock, P. M. Fever and local symptoms on the increase; patient moans loudly; cannot be restrained from tossing about. Ordered twelve leeches to the knee, other applications to be continued.

4th. 10, P. M. Patient slightly relieved from his agony; the symptoms essentially the same. He is more quiet, and has slept with interruptions during the night; but on the whole very little indication of abatement. Continued treatment. Little change during the day, but towards night just as on the previous one.

5th. 10, A. M. Patient passed again a wretched night. His moans and cries could be heard through all the rooms of the estab-

lishment. The afflicted articulation was by this time so painful as not to admit the slightest touch. The fluctuation seemed to increase materially, and abscess was in remote expectation. An attempt at stretching the joint was attended with great pain, I therefore submitted the patient once more to the influence of chloroform in order to accomplish the straight position, and to ascertain whether another tenotomy might be necessary, which I strongly suspected. I succeeded in the one, but not in the other. Left the patient well bandaged, and well pleased with the above treatment.

5 o'clock, P. M. Local and general symptoms as on the 3d, previous. Same treatment.

6th. 10, A. M. No change. No inclination even, to any change whatever.

7th. 10, A. M. Finding my patient in the same deplorable condition, I determined on dividing the rest of the flexor muscles, as probably the only remedy that could give relief. My reasonings were as follows: The operation has been performed without any injury to the joint itself, it can therefore not be considered as the cause of the synovitis present. The cause of this relapse continues in its full force, hence the most vigorous antiphlogistic medication has not given any relief worth mentioning. On removing the first bandage, the limb suddenly bent, though slightly, and this bending gave more relief than all other remedies brought into play. I therefore concluded that there must still be some undue muscular retraction which resisted the extension of the limb, which had bent the knee-joint again when the extension relaxed, and in all probability was the cause of the inflammation of the joint, though in a way incomprehensible to me.

On these premises I acted in dividing all the flexors that presented the least degree of tension. The operation was performed by 11 o'clock, A. M., on the 7th of October, the patient's leg well bandaged and splinted; and I am happy to state that from that moment his relief commenced. All constitutional disturbances disappeared almost at once, the fluctuation in the joint diminished gradually, and by constant movement of the leg, I have, as yet, successfully prevented its organization. Patella remains moveable—and my patient the 22d day of November, 1857, has been a long time on his legs, without using the injured limb, however, as much as the other, for fear of hurting it.

With this juncture of the treatment the scientific interest is exhausted, and I therefore do not follow the case any further. I cannot, however, drop the subject without placing my deductions from its practical teachings in bold relief; namely—1st, that muscular retractions caused by articular diseases, may by unduly extending them, become in return the irresistible source of articular inflammation not easily to be subdued by the most rigid antiphlogistic treatment;—2d, that nothing but the prompt division of the retracted muscles will effect the subjugation of this class of secondary inflammation; and 3d, that even in acute and primary cases, it becomes a question of expediency whether or no the division of retracted muscles should not be made a rule both for the purpose of enabling the limb to be placed in a position more favorable to a cure, and moreover removing a complication of at least doubtful character.

Since this article was written, (22d of November, 1857,) I have seen my patient again. His leg remains straight, and is as useful as its fellow.

With reference to the practical suggestions made therein, I am prepared to say, that they have in this and later cases realized all my expectations, and that they therefore deserve the consideration of the profession.

(To be continued.)

Cases from my Note Book.

By D. W. Maull, M. D.,
Georgetown, Delaware.

Partial Poisoning from Tobacco.—On the night of October 22d, 1857, I had my attention directed to a case of slight poisoning from this source. The person in whom it occurred was a young man who was not addicted to the use of tobacco in any shape. The coffee of

which he partook at supper had been prepared in a vessel in which a cigar, by some means or other, had been deposited: hence the indisposition. About eight o'clock in the evening the patient began to experience some unpleasant effects; had considerable nausea, with an inclination to vomit; giddiness of the head; pale features; considerable prostration, and a general feeling of *malaise*, and finally was obliged to seek his bed; all the symptoms indicating, not a severe poisoning, but a very mild case. He appeared very weak, and slightly staggered in his walk: had a tendency to sleep, and no inclination to converse.

Gave him a small qantity of tr. zingiber as a stimulant, about nine o'clock, at which time I first learned the state of the case, and directed him to retire to rest. The following morning he arose, feeling little or no uneasiness from the decoction of tobacco.

Other members of the family suffered also, but very slightly; they did not drink so much of the coffee, having discovered that there was some unnatural ingredient; they complained of a slight soreness of the throat, which was also an accompaniment of the symptoms affecting the person in question.

Poisoning from Acetate of Copper.—I was called at half-past two o'clock on the morning of the 15th of October of the present year, to visit a widow woman and her two daughters, who had been vomiting and purging for two or three hours; found them in considerable pain in the region of the stomach; much headache; intense thirst, retching and vomiting every few minutes; chills, alternating with flushes of heat; furred tongue; evacuations from the bowels, though not inordinate; a tremulousness in the mother; all the symptoms indicating a poisoning from some source; the three were affected very much alike.

These attacks were discovered to have proceeded from eating "sweet pickles" prepared that day in a copper kettle; the vinegar employed in their preparation was very strong, and had exerted a chemical effect upon the copper lining of the kettle, forming an acetate of copper.

The poison having been in the system too long to lead me to anticipate any advantage from the administration of an antidote, I directed my remedies to the relief of the extreme pain, to check the vomiting and abate the retching. Gave Hoffman's anodyne, tr. opium, and spts. lavend. comp., according to the exigencies of the several cases. Soon succeeded in arresting the complaint. In the morning, gave the patients a mild cathartic; the effects of the poison were experienced all that day, in the languor and indisposition that ensued.

Hypercatharsis from the Tincture of the Poke Berry.—I was summoned before day, 27th of October last, to visit an elderly gentleman who had frequent and copious dejections from his bowels during the entire night; retching and vomiting; much pain in the abdomen; difficulty of urinating; severe rigors, the chilly feeling being so extreme that it required a large amount of covering for him; had a constant desire to go to stool. This patient was laboring under hypercatharsis from the juice of the poke berry, which he had been taking for several days for the relief of his rheumatism, but in the past day or two he had taken an immoderate quantity, having drank in that time nearly a half pint; it was a saturated tincture prepared with whiskey; the nature of the remedy appeared to be somewhat cumulative, judging from its effects. The peculiar tint of the juice was clearly observable in the alvine discharges; the urine had the characteristic color of the expressed juice of the berry; the medicine, at times, had passed almost unchanged through the bowels.

To relieve the extreme pain, I gave pill of opium, 1½ grs., and placed hot bricks to the feet to equalize the circulation. The result was the pain abated in a short time, and the discharges ceased in an hour. In the morning gave him castor oil, and Dover's powder subsequently. The prostration consequent upon this attack was considerable.

Dec. 1st, 1858.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

SATURDAY, NOV. 27TH.

Service of Dr. Wood.

Reported by T. A. Demme, M. D.

Pleurodynia.—This case afforded occasion for some valuable remarks upon the diagnosis of pleurodynia.

This not unfrequent complaint is characterized by severe, acute, and generally *shifting* pain in the side upon taking a full breath or coughing, by soreness of the intercostal spaces upon pressure, and by the general absence of fever.

It resembles pleurisy in its symptoms, but is distinguished by the absence of dullness on percussion, and also the absence of the friction sound.

The risk of confounding the two affections is increased by the fact that, in consequence of the pain arising from contraction of the intercostal muscles, there is little expansion of the affected side of the chest, so that the respiratory sounds are feebler and percussion duller.

Pleurodynia is a rheumatic affection of the intercostal muscles.

Treatment of Phthisis.—The symptoms in this case were those usually met with. In these days, when many are abandoning cod liver oil, it is important to bear in mind the estimate formed of this medicine by eminent practitioners; and the opinion of no man is entitled to more respect than that of Dr. Wood.

It does not simply fatten; it improves the digestive powers, increases the proportion of red corpuscles in the blood, and invigorates the whole nutritive function.

When first introduced into general practice, Dr. W., after a short trial, doubted its efficacy; but after a more extended use, he regards it as a most valuable medicine.

We must not look for immediate good effects; it is only after the medicine has been used for weeks that we notice its beneficial operation.

Rupia Prominens.—This patient is most sadly afflicted; covered by a disagreeable eruption of rupia, with a painful node of the periosteum of the left tibia, and a partial paralysis of the lower extremities. He exhibits, in a marked degree, the terrible effects of syphilis.

Treatment.—Pil. hyd. gr. ij., three times a day, with Potas. iod. gr. v., three times a day.

This amounts to the same thing as the mercurial treatment for constitutional syphilis.

[We may remark that the eminent Dr. Gross advocates the same treatment.—See Jefferson Col. Hosp. Reports.]

Dr. W. says that he does not believe that any other single known medicine approaches mercury in anti-syphilitic virtues.

Service of Dr. Norris.

Injury to the Perineum.—Several cases of great injury to the perineum were presented. Dr. N. dwelt upon the great importance of introducing the catheter in these cases. If the urethra is ruptured, it is absolutely necessary to retain a catheter.

One of these cases was that of a man who fell heavily across an iron bar. An hour afterwards, on urinating, he passed from half a pint to a pint of blood.

A year has passed, and now the man is suffering from a very bad stricture of the urethra. So complete was the stricture, that three weeks elapsed before the smallest size catheter could be passed.

[Dr. Norris' lectures are more demonstrative than didactic, and in consequence their great value cannot be fully appreciated from a report.

Thus the exhibition of fractured bones from patients recently deceased, or who had undergone amputation, afforded occasion for instructive remarks.—REPORTER.]

There were presented specimens of fracture of the tibia and fibula,—of the head of the tibia, and also fractures of the femur at the condyles.

A number of cases of fracture of the bones of the leg were presented, and the dressing applied.

A boy from whom Dr. Pancoast sometime ago amputated the foot in such a manner as to save the os calcis—after the method of Pirogoff—was shown to the class. The stump presented a most beautiful appearance. The operation has been a very successful one.

WEDNESDAY, DEC. 1ST.

Service of Dr. Wood.

Bright's Disease.—A case of interest was presented in a man of about 35 years of age.

The complexion sallow; somewhat emaciated; pulse feeble, thread like. He has had

a cough for sometime; he formerly had night-sweats which have now ceased. Upon the cessation of the night sweats, his feet and hands became much swollen. What do these symptoms mean? There is no doubt, as auscultation and percussion reveal, tuberculous deposit in the lungs. But this does not explain the swelling in the extremities.

Upon pressure his limbs are pitted; there is therefore œdema of the feet and hands; dropsy of the cellular tissue; anasarca.

What is the cause of this? In all cases of anasarca we first examine into the condition of the kidneys.

For more than a year he has suffered from pain in the region of his kidneys: upon pressure this pain is increased.

We suspect the presence of albumen in the urine, and upon adding nitric acid to the urine a copious white precipitate occurs: there is no mistaking the precipitate in this case, but were the nitric acid to occasion only a turbidness we could not positively affirm that the precipitate was albuminous; for this acid will often produce a dense buff-colored amorphous precipitate of uric acid: but upon the application of heat this is redissolved, whilst albumen is at once cast down.

The application of heat and of nitric acid in this case, both prove the existence of albumen in the urine. We infer that this man is laboring under Bright's disease of the kidneys.

But there are several varieties of Bright's disease. There is one form in which we have a fatty degeneration of the kidneys; another, where there is inflammation of the lining membrane of the tubuli uriniferi; desquamative inflammation of the kidneys.

We may also have a fibroid degeneration. In this case the microscope reveals the existence of oil globules in the urine; there is consequently fatty degeneration.

In consequence of this diseased state of the renal organs, albumen transudes and passes away with the urine: it is possible, if not probable, that fibrin and the blood-corpuscles are formed out of albumen. If the blood is deficient in albumen, there will consequently be a deficiency in the blood-corpuscles and fibrin; this accounts for the great anæmia that we have in Bright's disease.

This anæmia is no doubt greatly increased, in consequence of the diseased kidneys not eliminating the normal quantity of urates, which retained in the blood act as a poison.

Whatever the cause of the anæmia, one thing is certain, that it exists in a marked degree in Bright's disease, and almost always calls into existence organic disease of the various organs, generally tuberculous diseases. This patient is also suffering from phthisis.

The indications of treatment are to improve the blood, combat any inflammatory tendency in the kidneys, and remove the anasarca. For the first indication, give pil. fer. carb., gr. v., three times a day, with good nutritious diet.

For the second indication, dry cups every now and then, to the back.

For the third indication, potas. bitart. in juniper berry tea.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

WEDNESDAY, Nov. 24.

Service of Dr. Henry H. Smith.

Double Lumbar Abscess.—A boy three years and two months old, presented fistulous orifices on each side, a few inches from the vertebral column, opposite the second lumbar spinous process. Two years ago his mother first noticed a prominence of one of the lower dorsal spinous processes. A slight antero-posterior curvature gradually established itself, but the health of the child continued moderately good, and no treatment was adopted until about a year ago, when a small fluctuating tumor developed itself on the right side. The child was then taken to a physician, who pronounced the tumor a hernia, and directed a truss, which was accordingly applied and worn two months. By this time the tumor had greatly increased in size, and the truss evidently producing no good effect, another physician was consulted, who pronounced the disease lumbar abscess, and proceeded to evacuate its contents. A large quantity of pus was discharged, the patient strictly enjoined the recumbent position, and medical treatment, the nature of which was not known, resorted to. The child, however, did not improve, it lost appetite and strength, emaciated somewhat, gradually lost the use of its lower limbs, the curvature increased, and about eight weeks previously to the appearance of the child at the University, a second lumbar abscess formed on the left side.

About this time, circumstances compelled the parents to remove to this city, and the

child was brought to the University. When presented, the lower limbs were partially paralyzed. The child could not walk or stand, but when lying down had a certain degree of control over the movements of the limbs.

Syrup of the iodide of iron, five drops three times a day was directed, with good nutritious diet, and the child to be carried daily into the fresh air. As he cannot stand or walk, and therefore is compelled to the recumbent position, no apparatus was directed. The abscess was not evacuated, it being deemed advisable to leave it to the natural processes. About a week after, the abscess evacuated itself spontaneously by several orifices, and no bad symptoms occurred in this connection. A large quantity of pus was discharged. Under the treatment adopted, the child's general health has gradually improved up to the date of its presentation to the class. There was now no hectic fever, the appetite was good, and the nutritive processes seemed more active, as evinced by a gain in flesh. The preparation of iron was continued, and cod liver oil was directed in half teaspoonful doses three times daily, *with* the meals.

In this case, as in similar ones, a certain degree of premature intellectual development was noticeable. Children laboring under these complaints are often in their expression and mental character like older persons, and the grave, old fashioned countenance was characteristic.

Goitre.—A German woman of middle age presented a moderate sized *goitre.* It had been much larger, but was diminishing rapidly under the influence of the administration of five drops of Lugol's solution thrice daily, with frictions of iodine ointment. Dr. Smith stated that goitre was not common in this locality, though occasionally seen. It is frequent, however, in certain American regions as well as in the well known European districts It might be confounded with carcinoma of the thyroid gland, which, however, was comparatively rare. More frequently it might be confounded with tuberculous or other tumors of the lymphatic glands of the neck. From these last its diagnosis is simple. A tumor involving the thyroid will rise with the larynx when the patient swallows, other tumors will not. From carcinoma of the thyroid, goitre might be distinguished by its softer more doughy feel, as well as by its slow progress and comparative innocence. Several pathological conditions were included under the designation GOITRE. Of these, by far the most frequent were the several forms of cystic disease of the gland. The closed vesicles, which imbedded in a vascular stroma of areolar tissue composed the gland, dilated into cysts of variable size. Sometimes the cysts are tolerably uniform, and the disease has been improperly spoken of as a hypertrophy of the gland. Sometimes some of the cysts attained much greater size than others; cysts of half an inch, an inch, or several inches in diameter, being observed. In some varieties of the disease, the peculiar matter known as colloid formed the cyst contents, which at other times were more fluid and of variable character and composition. Calcareous deposits into the cyst walls resembling ossification were frequent. These were the chief, but not the only varieties of the affection.

In the treatment, the local and constitutional use of iodine was most to be relied upon, and in many cases was successful. Extirpation was out of the question, and the difficult operation of ligating the superior and inferior thyroid arteries failed on account of the ultimate establishment of a collateral circulation.

An Abscess in the supra-clavicular region, and some minor cases were also exhibited.

SATURDAY, Nov. 27.

Service of Dr. Henry H. Smith.

Double Club Feet.—A child, 8 months old, presented this condition, the variety being varus and pes-equinus combined. A number of similar cases were said by Dr. Smith to be under treatment in the University. The child had been treated for some time. The common adjusting splint being first employed, and the varus thus overcome, to such an extent that the feet can now readily be brought straight, although, when the splint is removed, they speedily return to their original position. This tendency will continue, indeed, until the bones are sufficiently developed to retain their new relations.

About a week previously, the club-foot shoe, of the neat and efficient pattern manufactured by the University cutler, Mr. Kolbe, was applied, for the purpose of bringing down the heel. The parents, however, had strapped the apparatus too tightly, and turned the screw which modifies the angles of the shoe too energetically.. This was a very common mistake on the part of physicians as well as of parents. The result was always, not a hastier cure, but, as in this case, the skin was chafed

and rendered tender, sometimes even ulcerated, in consequence of the violence employed, and it became necessary to suspend the treatment until a healthy condition of the surface was restored.

In this case, the apparatus would be laid aside for a week, and the feet bathed daily in a decoction of oak bark, so as to harden the skin. When the shoes are re-applied, they must be used more carefully, and if, in from five to six or eight weeks, they fail to bring down the heel, tenotomy must be resorted to for the purpose of dividing the tendo-Achillis.

Removal of a Penny from the lower part of the Œsophagus.—A little boy, 4 years of age, swallowed a penny of the old pattern, a week previously. Since that time he had been unable to swallow anything but liquids; and during the last few days considerable bronchial and œsophageal inflammation had ensued, with free purulent expectoration. From these symptoms, taken in connection with the history of the case, it was believed that the foreign body was impacted in the œsophagus, though there was but one certain way of determining whether this was the case or not, and that was by a physical examination.

The child was accordingly etherized, and an œsophagus bougie of whalebone, with an oval ivory knob, introduced, for about five inches, when the click of the instrument against the coin was distinctly heard. Failing to grasp it with Bond's œsophagus forceps, the *hook* of the late Dr. Nathan Smith, of New Haven, was introduced, and readily pushed past the cent, when on withdrawal, the cent was caught by the hook and raised into the mouth, from which it was readily removed.

From the distance to which the bougie was introduced, it was believed that the cent had occupied a position below the bifurcation of the bronchiæ.

The subject of foreign bodies in the throat, pharynx, œsophagus, larynx, and trachea, was, as stated by Dr. Smith, one of great practical importance to every medical man. Cases in which the removal of such bodies is imperatively necessary, often without the least delay, being quite common. After describing the anatomical relations of the parts, Dr. Smith proceeded to explain to the class that the foreign body was usually in adults, some article of food, especially a tough piece of meat, a fish-bone, or some similar substance. In the case of children, however, the article may be of very variable nature—coins, and fragments of various kinds, given to the child to amuse it, finding their way into the mouth, and giving rise to trouble.

The foreign body may be arrested in its passage towards the stomach at several distinct localities.

1. If small, it might be stopped in its course at the isthmus of the fauces, and occasionally, as in the case of a fish bone, pin, tack, or smaller body, is so caught between the tonsil and the anterior or posterior half arch as to escape notice on a superficial inspection. By the use of a pair of curved spatulas, the half arches can, however, be separated from the tonsil, the foreign body recognised and removed by forceps. If the foreign body is sharp pointed, it is sometimes found sticking in the substance of the tonsil, or by the spasmodic contraction of the muscles of the isthmus, may even be driven through the tonsil so as to wound the great vessels of the neck.

2. If, however, the foreign body passes through the fauces into the pharynx, it is generally to be looked for somewhere in the embrace of the superior, or more frequently of the middle constrictor muscles of the fauces. If, as it passes the orifice of the larynx, the patient inspires, it may be drawn into the orifice, or even through the orifice into the larynx or trachea. Whether the foreign body remain in the pharynx, or whether it encroach upon the orifice of the larynx, violent spasms of the respiratory and laryngeal muscles, with all the evidences of strangulation, ensue.

The treatment in such cases must be prompt, as even when the body has passed the orifice of the larynx, spasm of the muscles, may produce closure of the glottis, and suffocate the patient in a few minutes.

The head should therefore be at once pushed *forward* on the chest, so as to relax the muscles of the throat, when, the jaws being kept apart by a fork handle or a cork, the finger may be introduced and the foreign body can generally be removed, it being possible under these circumstances to pass the finger beyond the orifice of the larynx. If it be impossible to remove the foreign substance in this manner, it may be removed by a pair of forceps, or where the substance is innoxious, as in the case of portions of meat, etc., it may be pushed down into the œsophagus, or even into the stomach by a probang.

4. If the foreign body pass through the pharynx into the œsophagus, it may, if its size is great, be arrested at any point between

the pharynx and the stomach. The course to be pursued will then depend upon the nature of the substance. In the case of coins, the plan pursued in this case, may be adopted. Other substances may often be removed by Dr. Bond's œsophagus forceps, and at times where the nature of the body justifies it, may simply be pushed into the stomach by a long probang.

5. If the foreign body be small, and pass through the larynx into the trachea, the operation of tracheotomy may become necessary. Some of the class would perhaps remember a case in which this operation had been successfully performed by Dr. Smith, for the removal of a grain of corn, which had remained in the tranchea sufficiently long to have germinated.

At the request of Dr. Smith, Dr. Agnew then brought forward the boy upon whom he had operated for converging squint, a few days before. (See report of Nov. 20, p. 161.)

The little patient was doing well, and *could see distinctly in the eye operated upon*, which it will be recollected he could not do before the operation. The operation has been successful as far as this eye is concerned. When the wound has entirely healed, it would be necessary to operate upon the other eye, which is also affected.

HOSPITAL OF THE JEFFERSON MEDICAL COLLEGE.

Service of Dr. Dickson.

WEDNESDAY, NOVEMBER 24TH.

Tape-worm.—Nell K., aged 5, was prescribed for at a previous clinic for tape-worm, pumpkin-seed paste being given to dislodge the troublesome parasite. The oil of the seed is sometimes exhibited in these cases, but the paste made of the fresh seed, skinned and beaten with honey, is equally effectual, and is a cheap remedy. Several feet of the tænia were shown, the result of former treatment, and pieces have been constantly passed by the patient since she was last prescribed for at the College. It is important always that the head should be discharged, otherwise there is probability of a reproduction of the tape-worm. Sometimes we see what appears to be an hereditary tendency to the transmission of this disturbing parasite. In one case detailed, the disease appeared in a grandfather and grandson, the father fortunately escaping.

Great discussion has always existed as to the nature of tape-worm, and the subject of its origin, mode of propagation, etc., is wrapped in some obscurity. Geographical distribution seems to exist, two species occurring, which do not, except in rare cases, co-exist in the same individual. Nausea and vomiting frequently indicate the presence of the worm in the intestines, but these symptoms are sometimes absent. Diarrhea, it will be remembered, was a prominent feature in the case presented to the class about two weeks ago. (See page 116.)

It was not found necessary to give this child oleum ricini, the purgative action of the paste being sufficiently great. Large draughts of cold water are advisable, to facilitate the dislodgement of the parasite. The treatment must be persevered in, its effects having been so beneficial. This remedy seems to be one of a class in which a very disproportionate relation exists between the power to do harm and the power to do good. Another potent anthelmintic, oleum terebinthinæ, is an example of a very different nature, its effects requiring careful watching, and its administration being often attended with strangury, and great irritation of the bowels.

Enteralgia.—Margaret McG., aged 53, has for nine or ten years suffered from occasional pain in the right side, with swelling of the abdomen, which had not increased in dimensions. Lately the abdomen has become tender upon pressure, the pain being increased by muscular exertion, and she is unable to lie upon the affected side. The swelling is hard and has increased in front, and she complains of pain in the lumbar region, and headache. We cannot pronounce in regard to the existence or absence of a tumor, except by careful examination, by palpation, etc. The countenance does not betray great abdominal distress, and Sir Astley Cooper's opinion that tumors of the abdomen affecting the general health, must affect the physiognomy, is probably correct. Here no tumor can be diagnosticated, either malignant, or oppressive by its size or enlargement. The bowels are constipated. The case is probably one of enteralgia, and distension would account for the other anomalous symptoms of which she complains. Twice a day, for two weeks, let her take the following pill:

℞. Assafœtidæ gr. ij.
Aloes gr. j. M.

WEDNESDAY, DECEMBER 1.

Epilepsy, with Hemiplegia, &c.—Sarah L., the interesting case of intermingled nervous affections reported in the last number, (page 162,) who was prescribed for with the view of correcting the state of the digestive system, has had a marked diminution in the frequency of her attacks. This morning she had a recurrence, one of them rather more severe than usual. The retraction of the left cheek seems to be less than at her previous visit to the clinic. The mother stated that for upwards of a year the child suffered from ozœna of the left nostril, and this might indicate some abnormal condition of the frontal sinus. Purgation seems to have had a good effect, but we do not know that this may not be merely a coincidence. There are cases in which we must never be too sanguine, although we are always inclined to adopt, at once, the idea that our remedial measures have been salutary. She has had intervals before, but she has never appeared so well previously as since the treatment by purgation was commenced.

This mode of treatment has now, however, been carried far enough, and some anti-epileptic must be prescribed. This is a conventional phrase to designate a remedial agent, whose beneficial action in epileptic cases we do not clearly understand. Purgation was a mode of rational therapeutics, while the metallic agent which we are about to prescribe has been found by experience to be an anti-epileptic, and we use it empirically, therefore, in this case. Zinc in combination with valerianic acid is a valuable medicine of this class.

℞. Zinci valerianatis gr. j.

to be taken three times a day, about an hour after each meal.

With the internal administration of zinc, which seems in some way to diminish irritability of the nervous system, we will combine the external revellent agency of the seton.

Service of Dr. Gross:

WEDNESDAY, NOVEMBER 24TH.

Congenital Malformation of the Rectum.—Julia A., eight months old, affords an illustration of an interesting congenital malformation. The rectum communicates with the vagina, while the natural anus is absent. The opening is immediately above the orifice of the vagina, and this is usually its position. Sometimes it is at the side, and occasionally communication exists with the bladder or urethra. The discharges take place with less pain and with much more facility, if the opening is recto-vaginal, and a distinct sphincter at the point of communication generally exists. As the opening in this case is low down, there will be but a small incision to make. The sphincter ani may possibly be easily found, in which case there will be no great difficulty in establishing the natural outlet to the bowels. These remarks are preliminary to a further examination of the case at our next clinic.

Tubercular Disease of Cervical Lymphatic Ganglions.—James M. L., aged 37 years, has a hard swelling in the neck, reaching nearly down to the clavicle, extending as far front as the thyroid cartilage, and back as far as the border of the trapezius muscle, at which point it is prominent and fluctuating. It is probably an example of tubercular disease of the lymphatic ganglions of the neck, which are hard and knotty, and are conglomerated by adhesive bands of plastic matter. Section of these glands would doubtless exhibit a whitish appearance, and other evidences of the effects of acute or chronic inflammation. After tuberculous matter has been deposited, it is liable to be broken down and converted into pus. "King's Evil" was the generic name formerly given to this class of cases, and the efficacy of the royal touch was invoked for their cure. The case should be treated by purgation every fourth night, a bland and nutritious diet, the external application of dilute tincture of iodine, and the internal administration of a saline and antimonial mixture.

Syphilitic Ulceration of the Leg.—Michael W. has suffered for some time from ulceration of the right leg. The limb is swollen, discolored, and congested, and induration and enlargement has taken place from the effusion of plastic matter into the substance of the skin. Whenever the lower extremity is covered with ulcers, some of them granulating and presenting an unhealthy looking surface, and especially when preceded or accompanied by other constitutional manifestations of the presence of a specific poison, we may almost certainly infer that the disease is syphilitic in its origin. The ulcers, in the present instance, are excavated, with abrupt edges, unhealthy red granulations, and with no evidence of cicatrization. The following treatment must be adopted: purgation every fourth night, and the application of a weak solution of iodine twice a day, to be followed by the use of an ointment prepared as follows:

℞. Hydrargyri nitratis ʒj.
Adipis ℥j. M.

Internally, let him take, three times a day, the following prescription:

℞. Potassii iodidi gr. x.
Hydrargyri chloridi corrosivi gr. 1-10th. M.

The diet should be light and nutritious.

Fracture of the Radius, with Dislocation of the Shoulder Joint, &c.—Moses McN., 60 years of age, has suffered from the effects of a fracture at the wrist, and a dislocation of the shoulder. There is rigidity at the latter point, consequent upon the injury, and the patient cannot raise his arm by the power of the deltoid. Too often cases of dislocation are left by surgeons as cured, when reduction has taken place, and careful watching, which is so necessary after reduction, to prevent ankylosis from occurring in consequence of the effusion of plasma in the vicinity, is neglected. This may have been the case in the present instance. Circumduction and elevation of the limb are practiced with difficulty, while adduction and abduction are comparatively easy. A powerful impression must be made upon the shoulder joint by the use of the hot and cold douche from a height, the part to be dried and rubbed with some sorbefacient liniment, linimentum saponis, for example, and the adhesions gradually broken up by gentle motion.

The radius was probably fractured just above its inferior extremity, as that bone seems to be considerably enlarged. The joint is stiff and swollen, and the same remedial measures must be employed as at the shoulder joint.

Besides this complication of affections, a superficial movable tumor exists upon the shoulder blade, where it has been for twenty years, presenting no discoloration, inelastic, smooth, and not divided into lobules. It is a fatty tumor, of an innocuous nature, not recurrent, and easily removed.

Knock Knee (Entogonyancon).—This affection is almost always acquired; being rarely, if ever, congenital. The left knee alone is affected in the subject of the case before us, a colored child, about three years of age. The history of knock-knee is as follows; weakness of the internal lateral ligament of the knee-joint takes place, followed by elongation and relaxation, and the limb is drawn out by the action of the biceps flexor cruris, and the internal hamstring muscles become proportionately relaxed and elongated, so that the limb becomes principally under the influence of the biceps, which is, in the present instance, very tense. If the deformity is slight, a carved splint and bandage often counteract the tendency to knock-knee, while if the case be a confirmed one, the tendon of the external hamstring muscle must be divided, the knife being introduced about an inch or more above the articulation, and the tendon divided while the leg is in a state of flexion on the thigh. Care must be taken that the popliteal artery is not included in the division.

SATURDAY, Nov. 27.

Convergent Strabismus.—Ida K., 22 years of age, presents an example of convergent strabismus, a sequence, according to her account, of an attack of measles. The internal recti muscles of both eyes were divided about three and a half lines behind the cornea. The patient must be kept in a dark room, and if the pain is severe, a dose of morphia must be administered, with warm water applications to the eyes.

Syphilitic Eruption.—Sally S., a negro woman, about thirty years of age, affords an illustration of well-marked syphilitic eruption, both of the scaly and the papular form. Usually they do not co-exist. The papular is not unfrequently the result of tertiary syphilis; in this instance, it accompanies secondary symptoms. The whole surface of the body is covered with a scaly eruption, which came on gradually, affecting first the neck. She had sore-throat for a short time, but it has disappeared. Fever existed with the first appearance of the eruption. The peculiar copper-color, so characteristic of syphilitic disease, can be distinctly recognized even through the dark negro skin.

She must be purged, and use a tepid bath impregnated with salt. The antimonial and saline mixture previously referred to, will also be administered.

Scirrhus of the Rectum.—A young man was brought to the clinic on account of the supposed existence of a fistula in ano. Four or five weeks since he had a very severe attack of dysentery. Examination of the rectum, however, disclosed the presence of scirrhus of the intestine. A ring similar to the arrangement at the pylorus was discovered, the opening in which was very small. The contents of the bowels passed through the constricted portion with extreme difficulty. It is proposed to perform an operation for the patient's relief at a future day. His countenance has an appearance peculiar to those who have a cancerous diathesis.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

(*Continued from page* 170.)

Subject for discussion, INFANTILE CONVULSIONS.

DR. REMINGTON'S paper having been read,

DR. CONDIE remarked, that in the paper to which we had listened this evening with so much pleasure, Dr. R. was, of course, to be understood as referring to those convulsions which result from some foreign or transitory irritation. In many of the diseases of children, convulsions are liable to occur, and in such cases are strictly symptomatic, and subordinate in importance to the primary affection. The term eclampsia has been employed to distinguish the clonic convulsions, we are to consider this evening, from the purely symptomatic, as well as convulsions of a tonic character.

Eclampsia is principally confined to the early period of childhood, its most usual causes have been, in general, very accurately laid down in the paper of Dr. R. He omitted, however, one important and frequent cause,—we allude to exposure to foul, confined air. This, with improper food, and an overheated or chilly atmosphere, is perhaps the chief reason of the prevalence of convulsions among the children of those who inhabit the dirty, over-crowded and ill-ventilated courts and alleys of our larger cities. The moment that such patients are removed to a situation where the air is pure and fresh, an amendment is perceived, the violence of the convulsions cease, and often little or nothing else is necessary to complete the cure.

Dr. R. refers to injuries of the brain as a cause of convulsions; direct injuries of the brain proper, give rise but rarely, we suspect, to attacks of eclampsia. If we are to credit the results of experiments performed by Brown Séquard, and others, clonic convulsions are invariably the result of injuries, or of direct or reflected irritations of the medulla oblongata or spinalis.

Convulsions, almost identical in character with an epileptic seizure, often precede the occurrence of eruptive diseases, particularly the febrile exanthemata. Little treatment is demanded in these cases—they are seldom attended with danger—it is best to let them alone—they almost always cease upon the occurrence of the eruption.

Dr. C. denied that worms were a common cause of eclampsia—he believed they never were. In this opinion he was sustained by the most authoritative of the recent writers, as well as by several of those of former days. Rush says that convulsions are never traceable to the presence of worms. They are almost invariably tenants of the intestines of children. Bremser asserts, that of one thousand infants, nine hundred and ninety-nine, at least, will be found to have some one or other of the species of worms present in the alimentary canal. Convulsions, therefore, if they were a common, or even frequent result of the irritation of worms, ought to be a much more frequent disease even in children than they are. Parents are generally strongly impressed with the opinion that most of the ailments of children are attributable to worms, and are hence but too ready to resort to anthelmintics and active purgatives for their cure; and Dr. C. firmly believed that much more mischief is thus produced than from the worms themselves.

The irritation of teething he admitted to be a common cause of eclampsia, and was in favor of free scarification of the gums. Deep incisions, down to the advancing teeth, were unnecessary and scarcely justifiable. He did not presume that any one believed that the morbid symptoms with which teething was often attended, were, in any case, the result of the pressure exercised upon the gums by the advancing tooth, and that therefore a free, deep incision of the gums was necessary, in order to relieve that pressure. Mr. Bell, an excellent writer on the teeth and their diseases, describes a tough fibrous capsule as covering the new tooth, and sometimes impeding its passage to the surface, which must be divided, or incision of the gums, in difficult dentition, is of no avail. It is, however, upon the irritation and injection of the gums that their tenseness depends, and from an excess of which the mischief resulting in cases of difficult dentition follows. It is to relieve this irritation and injection that scarification of the gums is to be practiced, and hence to encourage the flow of blood, subsequently, in cases of convulsions occurring in teething children, as recommended by Dr. R, is a very proper procedure; superficial scarifications are as effectual, however, as incisions down to the advancing tooth, and avoid the danger, incident to the incision, of injuring the latter.

In most cases of eclampsia leeches to the temples or behind the ears, Dr. C. has found to be particularly serviceable. They are seldom indicated, however, in cases of habitual convulsions; in those caused by exposure to a foul, stagnant atmosphere, in those which result from the prolonged use of opiates, or in those excited by some irritating matter in the stomach. In these latter, an emetic will very promptly remove all the mischief.

With respect to the warm bath, Dr. C. remarked, that, speaking from a very extensive experience in the treatment of infantile convulsions, he would pronounce them especially useful in all cases resulting from direct or reflected irritation of the medulla oblongata and spinalis. The warm bath is a remedy which exerts a particularly soothing influence upon the nervous system—it determines, also, the blood to the surface, and unloads the internal organs, and in this manner acts in many instances as a most efficient antiphlogistic. Infants affected with convulsions are certainly not liable to be alarmed by the bath. They should, in fact, be so accustomed to its use as to have no fear of it, even when conscious of what is being done to them.

In the children who have been reared under his advice, Dr. C. has always insisted upon the use of the warm bath daily, almost from the moment of birth. In the treatment of the convulsions, and other diseases of children, he would not know what to do without it. It is not indicated in cases of convulsions connected with meningeal inflammation, or occurring at the period of effusion in the arachnoidal form of cerebral hemorrhage.

Dr. C. employs in conjunction with the bath, sinapised pediluvia, especially when there was a determination to the head. We must remember, however, that young infants will not bear a bath of a high temperature, and may, without care is taken to ascertain positively the temperature of the water, be scalded, especially when the bath is used in the case of convulsions, the little patient being then in an unconscious state.

Dr. C. would inquire of Dr. R. what was the dose of strychnia given by him to young infants?

Dr. REMINGTON replied, that although Dr. Condie was good authority, yet he could not agree with him in the point of lancing the gums, as he thought he had seen superficial scarification totally unavailing, and when he had cut boldly, relieving the pressure of the gums, the progress of the convulsion had been arrested in very many instances Mere scratching was of no use. It was essential, however, to ascertain the cause, as in one case mentioned in his paper.

In regard to worms, he would answer, that it was not easy to tell the presence of worms, unless by dissection, and he could not but believe that they were productive of much mischief. He believed convulsions were hereditary, or how could we account for the susceptibility of some children over others, when both have the same causes acting. Thus, some children may load their stomachs ever so much, and no convulsion result, while but a small portion of indigestible food will produce them in others.

With regard to the warm bath, he must say his conclusions were drawn from experience. He considered it always a disturbing process, the taking off the clothes, the floundering in the water; and in fact, some children, even in health, will not take the warm bath without a great deal of trouble. Then the exposure of the naked body to the air, and, nine times out of ten, the operation was not performed properly by the attendants, as it is generally done before the physician arrives. He also considered it as exhausting; and the warm pediluvia would answer every purpose. The warm bath was only a revulsant, and merely of temporary effect, not permanent like bleeding, purging, vomiting, etc. He contended that it was much less preferable than other remedies. With strychnia he had no difficulty, we can just as easily give it in the hundredth of a grain, as the tenth or twentieth. In the case mentioned, he believed he gave it in the dose of the fortieth or fiftieth of a grain. He thought he had seen convulsions resulting from an injury to the brain.

Dr. W. JEWELL said there was one point he would have been glad if Dr. Remington had attended to in his paper; that was, under what particular circumstances, when, and how much blood should be abstracted. In looking back on his experience, he felt that he had directed too much attention to the brain, and hence might have taken too much blood, as when the stomach or bowels were in fault, and the brain not liable to any trouble; or where teething was the exciting cause. He had lost sight of this fact, and looked at the brain symptoms. It was a common idea with too many physicians, that the brain must be affected in these cases, and hence they apply cups, bleed from the arm, leech, etc. When called to such a case, we find a panic in the

family, and the anxiety manifested by the distressed friends is too often calculated to produce a corresponding disturbance on the part of the medical attendant.

In regard to the scarification of the gums, his practice was, when he found the tooth near the surface, to cut down to it and relieve the patient at once. But, on the other hand, if the tooth was not near, never to go deep, but to scarify the surface freely and allow it to bleed, and thus he had often produced much relief to the patient almost instantaneously.

Concerning worms, he would say that he always had been under the impression that they were among the active, irritating causes in the production of convulsions in children. It is so laid down in some of the books.

Facts speak stronger than theory, and he could relate instances where convulsions were relieved by the expulsion of the worms. In one case of convulsions, in a child of two years, the stomach and bowels were considerably distended, and its symptoms indicated the presence of worms. He gave calomel in grain doses every hour till it operated, and the quantity of these parasites that came away was incredible, and there were no more convulsions. He would remark that we rarely find worms in children under the age of two years, but from the second to the fifth year they were commonly so afflicted. In the case above cited, whether it was the action of the calomel, or the evacuation of the worms, that produced the relief, he would leave for the members to judge. In another case, the child had convulsions for several days; he gave calomel, which was his favorite anthelmintic, and the child passed an enormous quantity of worms—150 to 200 in one night—and the convulsions ceased immediately. In his opinion, the worms were the exciting cause in these cases.

He must admit that he had found great benefit from the use of the warm bath in convulsions, and like Rush, when he said calomel and opium were his sheet anchors in disease, so the warm bath was his sheet anchor in infantile convulsions. We had done a great deal to relieve the child when we had employed this remedy. He would agree with Dr. Remington, that the child may be excited in the interval of the convulsion by an effort to immerse it, and it was very judicious in Dr. Condie to use it always in health, that it might become accustomed to it. He believed with Dr. Condie, that the spinal marrow was affected oftener than the brain, and remedies directed to that organ have a better effect than when applied to the brain directly.

Dr. Bell asked the temperature of the water used for the bath.

Dr. Jewell generally used it at 85° to 90°, when he had any means of knowing.

Dr. Bell said sensations differ. To one person water would be warm, when cold to another.

Dr. Condie remarked, that if we would avoid the risk of scalding our little patient, on the one hand, or, on the other, of giving it a tepid rather than a warm bath, it was absolutely necessary to determine the exact temperature of the water by the thermometer. He said Dr. Jewell would find a page at least of his work on children, expressly devoted to a detail of the reasons which show that worms are not a cause of convulsions, and other diseases in children. Dr. Jewell should recollect that, in cases in which the convulsion ceased after a discharge of worms, the cessation was merely *post hoc*, and not, necessarily, *propter hoc*. Dr. Churchill quotes his (Dr. Condie's) opinion, and agrees with it. Rilliet and Barthes advance very nearly the same opinion. Andral says he never knew worms to be the cause of any unpleasant symptoms during life. Bouchut says worms are not a cause of convulsions. Evanson and West, of London, reiterate this same statement. Calomel is certainly one of our mildest and best purgatives in the diseases of children, and it is to its purgative rather than to its anthelmintic properties, that the beneficial results attributed to it by Dr. Jewell are to be referred. We are to remember, also, in judging of the effects of remedies in eclampsia, that the convulsions often cease spontaneously when no remedy has been employed; he had seen them do so repeatedly. As a general rule, when we have a flushed face and an injected eye, with intense convulsive action of the muscles, in a robust, plethoric child, bleeding is required, but it must not be carried too far. Three Swedish leeches may be applied to the temples, in children of from two to three years of age, and, if necessary, one or two more behind the ears. His most common practice was to remain and watch the effects, and be governed accordingly. We cannot determine beforehand the amount of blood which it will be necessary to take away. The physician must decide for himself in each case as it occurs.

Dr. Jewell thought this was the very point that troubled him. We do not dare to

bleed in all cases of flushed face and full pulse, and hence he was often puzzled what to do. The gentlemen had not given him any data to judge upon this point.

Adjourned.

Editorial.

☞ On account of the pressure on our columns, we have found it necessary to omit any special editorial remarks this week. Correspondents will always find us ready to give way to good, *short*, PRACTICAL original articles.

☞ New subscribers—of which, we are happy to say, not a few are coming in—will please be particular to give their name, residence, county and State in full. We are sometimes confused with abbreviations, especially when hurriedly written.

Subscribers who remove from one locality to another, will please inform us of the place of their former residence. Time was, when all our subscribers' names were familiar to us as household words, but that time is fast passing away!

☞ We would call the attention of students to the fact that there is a daily *Students' Prayer Meeting* held at the rooms of the Young Mens' Christian Association, Nos. 1009 and 1011 Chestnut street, at the hour of 8 in the morning, continuing three quarters of an hour. Some of the brightest ornaments of the medical profession have been alike distinguished for their piety and professional attainments. In this connection we need but mention the names of Harvey, Sydenham, Boerhaave, Hey, Good, Hope; and there are many others who might be named.

☞ *At the close of the month we shall hand over all our unpaid bills for subscriptions, to a collector, that we may begin the new year with a clean record. There are several hundred dollars owing us to the close of the current year.*

Correspondence.

[We had not intended to take any further notice of the article derogatory of the character and appearance of medical students, which we commented upon in a recent number, than simply to deny the premises on which the writer founded his strictures. On our part, controversy is out of the question. It seems proper, however, to allow one of those interested, space in our columns to reply to the charges made against them, as is done in the following communication.

We hope that, on the part of the profession, this will be the last of this matter. We can spend our time more profitably. It is said that one newspaper of this city wrote itself into notoriety and subsequent competence, by abusing medical students, who bought the paper "just to see what it had to say." We hope that the present classes will have the discretion to refuse to patronize a paper which pursues so questionable a course.—EDS. MED. AND SURG. REP.]

Mr. Editor:—It is an unpleasant task, but sometimes a necessary one, to "answer a fool according to his folly," and most assuredly will the necessity of such a course of action be acknowledged by any one who will read an article which appeared in "The City Item" of Nov. 6th, under the heading of "Medical Students." This article might well be considered to be beneath notice, were it not that its wholesale denunciations might, if uncontradicted, possibly have some prejudicial influence upon those who are not acquainted with the facts in the case.

The writer opens with these words: "We wrote a brief article a few weeks ago, which was strongly suggestive of respect and generous treatment to medical students, on account of their importance in a business point of view." Fitting prolegomena to introduce the subsequent remarks! Medical students should "receive respect and generous treatment," because, forsooth, they have money to spend! Now, Mr. *Reporter*, it is easy for any one to understand what this selfish man of the "Item" is aiming at. By his first article, he thought to *soap* the "*long hair*" of the student, and by such means induce him to become a patron of his paper; but finding it unappreciated by them, determined to create a rush for his sheet by writing a calumnious article. *He would ruin the character of twelve hundred men for the sake of a few dollars.* Verily, we thought Judas was dead.

But no, not because students deserve "generous treatment" as gentlemen and scholars, but because they have a little money; not because they are *worthy* of friendship and esteem—not because they should be made to feel that they are among gentlemen—oh, no! but they should be cajoled and flattered, in order that they may be fleeced and their purses depleted! Generous thought, and worthy its originator, whose mental vision cannot penetrate beyond self and self-interest! But it is gratifying to know that medical students *do* receive kind treatment from those who are actuated by higher motives and nobler impulses; and that they *are* received and welcomed into the very best society the city affords—society composed of men and women of refined tastes and cultivated minds—into such society, in short, as the writer of that article could *never* enter, except by mistake or stealth.

Again he says, of medical students, that their education "is (in the majority of instances) neither finished nor respectable." That their education is "finished," no one will attempt to assert, for a man's education is never finished. But that medical students, as a class, have not attained literary and scientific acquirements, which will compare favorably with those of any other class of young men, *cæteris paribus*, and which place them far above mediocrity, is shamefully untrue. A large majority of those who attend medical lectures are young men who have had good educations, and whose talents are of the most respectable order; and many of those who have not had good preliminary educations are young men of energy and native talent, who are determined, by arduous efforts, to elevate themselves, and, as far as possible, overcome the disadvantages under which they labor; for in the science of medicine, as in other walks of life, "*quisque suæ fortunæ faber est.*" And these are the men—these self-made men—who make the most learned and famous physicians.

> "The heights by great men reached and kept,
> Were not attained by sudden flight;
> But they, while their companions slept,
> Were toiling upward in the night."

In the remarks which this scribbler makes in regard to the dress and deportment of the students, he is untruthful in the extreme. While there are fops and slovens among them, —as there are in all large bodies of men—as a general thing, the students are neither foppish nor slovenly. Most of them dress neatly and tastefully, and appear like gentlemen, which they are. Extremes, both of carelessness and undue attention to dress, may be observable, but such are isolated cases, and in their habits, excepting a small proportion of their number, they are careful in the observance of those social amenities and courteous proprieties of life which characterize gentlemen wherever found. Take five hundred students, and as many editors and sub-editors, and place them side by side, and if the dress, appearance, deportment and habits of the students will not put to shame the arrogant pretensions, haughty bearing, and slouchy appearance of these ink-begrimed "knights of the quill," then—well, then, we are mistaken.

This calumniating editor asserts that "poisoning and surgical butchering have already been committed in thousands of instances in the United States." He knows that statement to be utterly and slanderously false. Some cases of mal-practice have occurred, and these have been eagerly seized by the newspapers, and reported from Maine to Louisiana, while editors take pains to place the erring physician in the worst light possible. And it is notorious withal, that most of these mistakes have been committed by "irregular practitioners"—men who have no diploma from any respectable source. Considering the number and complex variety of diseases, and the delicate organization of that wonderful microcosm, the human body, is it not wonderful, is it not absolutely miraculous, that mistakes do not occur more frequently? And yet this wholesale slanderer and defamer dares, with unblushing impudence, to assert such bold falsehoods. "*Quosque tandem abutere patientia nostra?*"

This would-be reformer attempts to draw invidious comparisons between the medical profession of Europe and of this country—insinuating, that while physicians in the old world are "eminently honored and entirely relied upon," in this country they are not entitled to honor or reliance. He is so sadly afflicted with toadyism, that nothing will suit him unless it has a foreign air. In this matter of adulation of foreign medical men, as in some other things, "distance lends enchantment to the view." Approach this terrible bugbear, the medical profession, and it is, after all, very much like the same in our own country. While Europe may proudly boast of her Hunters, Harvey, Louis, Dupuytren, "*et omne id genus,*" America may point with

complacency to the names of Rush, Physic, Chapman, Mott, and a host of others whose fame is immortal; and at the present day, in almost every branch of science and art, and in every department of useful knowledge, physicians lead the van. In Humanity's ranks they are the commissioned officers. And shall our beloved profession fear any attack from such an insignificant source as this?

"In yon fair niche, by countless billows laved,
Trace the deep lines that Sydenham engraved;
On yon broad front that breasts the changing swell,
Mark where the ponderous sledge of Hunter fell.
By that square buttress, look where Louis stands,
The stone yet warm from his uplifted hands;
And say, O Science, shall thy life-blood freeze,
When fluttering folly flaps on walls like these?"

C. A. L.

Periscope.

Function of the Thyroid Gland, by Dr. Dom. Forneris, Gaz. Sarda. N. 12.[1]—The author found one evening, having studied till late in the night, that his cravat and shirt collar got too tight, while sleep almost overpowered him. He inferred that the circumference of his neck must have increased, but did not as yet anticipate the true cause. In the morning he found again, his attention being now directed to this circumstance, that his collar and cravat set tighter to the neck some short time after rising and dressing. The thyroid being the most vascular organ in that region, he concluded that it was that organ which occasioned the swelling.

Henceforth he noticed this circumstance to recur regularly before going to bed, and thus connected it with sleep. The hypothesis of many physiologists recurring to his mind, that circulation in the head is diminished during the sleeping condition, he measured the periphery of his neck for five successive months, immediately before retiring, and on awaking and with little variation found its circumference increased by 3 centimetres, while only one half of that was observable after a days nap. Founded on this fact, he asserts the thyroid gland to be vicarious to the blood-vessels of the brain during sleep, and thus serves as a reservoir. The fact too, of the thyroid super., rising on a level with the carot. inter. and the thyroid. inter. on a level with the vertebræ strengthened his opinion.

His inquiries of other individuals, whose attention he called to the subject corroborated his observation. He likewise ascertained that persons affected with goitre or tumors on the neck, experience uneasiness and pressure in the thyroid region at night.

Improvement in the Plastic Execution of the Hare-Lip Operation.—Sédillot suggests, warranted by his own success, to convert a portion of the horizontal border of the hare-lip into vertical, procuring thereby the natural prominence of the middle of the upper lip, which by the method hitherto pursued, remained thin and left the teeth visible. Even the most successful operations by the present mode, have a deficiency in this respect, which is entirely avoided by his method. How much of the horizontal border is to be excised to make the desired bulging edge, must be determined by the operator, according to the individual case.

[1] Translated for the MED. AND SURG. REPORTER by G. Bachman, M. D.

Medical News.

MARRIAGES.

HAYES—RUTTER.—At West Chester, Pa., 2d December, by Rev. Wm. E. Moore, Joshua R. Hayes, M. D., of Hampton, Illinois, to Miss Sarah Elizabeth, daughter of John Rutter, Esq., of West Chester, Pa.

INGRAHAM—CHAMBERS.—In New York, Dec. 3d. by Rev. Wm. P. Corbit, Dr. Duncan Ingraham, of Charleston, S. C., to Miss Eliza Chambers, of Cornwall, England.

ALLEYNE—STEDMAN.—At Boston, Nov. 30, by Rev. O. Dewey, D. D., Dr. J. S. B. Alleyne, of St. Louis, Mo., to Miss Henrietta, daughter of Mr. Josiah Stedman.

FISCHER—KINGSBURY.—In Towanda, Pa., on the 2d inst., Emil Fischer, M. D., of this city, to Rowena, daughter of Burton Kingsbury, Esq., of the former place.

DEATHS.

DICK.—On the 3d inst., Emily C., wife of William H. Dick, and daughter of Dr. George C. Leib, aged 24 years.

TO CORRESPONDENTS.—Although we have yielded our columns entirely to our contributors this week, we have on hand a number of communications which we cannot yet find space for. A paper from Dr. Z., of this city, and a Report from the Western Clinical Infirmary, are on file, and will appear as soon as possible.

Dr. P., Stoyestown, Pa.:—Your numbers were sent. The fault is in the mails We have sent another supply.

We have received the following publication:—

The fourth annual report to the Legislature of South Carolina, relating to the Registration of Births, Deaths and Marriages for the year ending December 31, 1857. From Dr. R. W. Gibbes, Jr., Columbia.

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 113. PHILADELPHIA, DECEMBER 17, 1858. NEW SERIES, VOL. I. NO. 12.

Original Communications.

Two Cases of Brisement forcé of the Knee-joint, Successfully Performed.

By Louis Bauer, M. D., M. R. C. S., (Eng.)

Surgeon to the Long Island College Hospital at Brooklyn, etc.

(*Concluded from page* 174.)

Case 2d.—Mary Bryan, 20 years old, of robust constitution, was received into the female ward of Long Island College Hospital, on the 16th of November, 1857.

When at the tender age of four years, the patient sustained a fall upon her right knee-joint, and has ever since been an invalid and disabled person. Soon after the injury, the knee-joint became sore, enlarged, and somewhat deficient in its mobility, against which surgical treatment proved of no avail. The difficulty advanced steadily; abscesses formed both in front of and posteriorly to the articulation, and by degrees the flexor muscles of the extremity became so rigid and shortened, as to keep the leg in a position entirely useless to locomotion. She had at last to resort to crutches, with which she entered the institution.

The afflicted member is of course emaciated; whether the atrophy extends to the length of the bones, will be conclusively ascertained after the operation. Joint is rather smaller, and disfigured; patella adheres firmly to the external condyle of the femur; there is nowhere any pain, except by forcible attempts at stretching the extremity, which causes painful tension in the flexors. The mobility of the joint is full, within an angle of about 80° or 85°, and perfectly painless. In the extreme of this angle the member remains, and is consequently rather burthensome than otherwise, in so far as locomotion is concerned. There are two scars about the joint, one much contracted, and connected in the depth with bone, internally from the patella; the other, of more superficial connections, at the internal circumference of the articulation.

The ease, the present condition of the joint, and the excellent health of the patient, suggested forcibly an operative procedure, with a view of removing the deformity, and restoring, even if only in an imperfect degree, the locomotion of this young girl.

In the presence of more than twelve professional friends, the patient was placed in the recumbent posture, with slightly elevated head. After our patient had become thoroughly insensible, by the inhalation of chloroform, the tendons of the entire flexor muscles, as well as the external tendinous insertion of the vaginæ femoris, were subcutaneously and successfully divided, and by prompt co-operation of pulling longitudinally, and steady pressure upon the point of the knee-joint, the limb yielded with a marked crush, to the straight posture. The latter seemed to originate with the fracture of some osteophytes that had sprung up between the two bones, but mostly outside of the joint, and which are rather frequent occurrences.

The popliteal space being well filled with a cotton cushion, and the joint surrounded by adhesive straps, the leg was bandaged up and placed in a straight iron splint, well lined with cotton. The patient was removed to her room, where she very soon after awoke, without the slightest knowledge of what had happened to her.

6 o'clock, P. M. Patient is tossing about; she has neither pain nor fever, but is restless and excitable. Ordered ice water, and two grains of opium.

9 o'clock, P. M. Better; quiet; sleeps at short intervals.

17th. 9 A. M. Tolerably well; slept somewhat; no fever; no thirst; pulse 80, vigorous, but not tense or hard. Knee-joint sore on pressure, but of no account.

9 P. M. Every way comfortable.

18th. 9 o'clock A. M. Complains of no pain; has rested well. Knee-joint comfortable.

19th. 12 o'clock, M. With the kind aid of my worthy colleagues, changed dressing. Wounds closed, except two; articulation perfectly free from any inflammatory reaction; moved it slightly, without inconvenience, and replaced it.

20th. 12 o'clock, M. No movement of the bowels for four days. Ordered a dose of oleum ricini. Menses made their appearance. No re-flexion upon the knee. Patient doing well in every respect.

21st. 12 o'clock, M. Patient has nothing to complain of. The oil has had its desired effect.

22d. 12 o'clock, M. Changed dressing; found the knee-joint perfectly free from inflammation; at the popliteal space there is some ecchymosis; two of the wounds ooze some bloody serum; patient doing well otherwise.

23d. 12 o'clock, M. Nothing to remark.

27th. 12 o'clock, M. Changed dressing; found three of the wounds not closed, and some sloughing about them going on. Directed flax-seed poultice to be applied.

28th. 12 o'clock, M. The wounds slightly improved; granulation commencing. Below knee-joint the leg is without sensation. There seems to be some pressure upon the popliteal nerves. Temperature and color of the extremity good.

29th. Put patient under the influence of chloroform; made favorable flexion, and extension over my arm, in order to place tibia better.

December 1st. More feeling below knee; none as yet in the foot; wounds granulating; ecchymosis diminishing.

8th. Patient has made some successful attempts at standing upon her afflicted extremity, and at locomotion also. Though she has experienced no pain, yet the limb, being evidently shorter, did not sufficiently support her weight. Being examined, by laying wooden blocks under the right foot, it was found an inch shorter. Finding that by raising the foot on a block an inch thick, both hips and shoulders became equally balanced, it was decided that a boot should be worn with a cork sole, exactly an inch thick. On the removal of the instrument, it was found that the patient could flex and extend the knee-joint with great facility, the angle of motion being about 36° to 40°. There is no pain anywhere, and sensation is increasing.

Patient left the institution, on a high soled boot, with the aid of one crutch.

On the 1st of October, 1858, the patient presented herself, as previously directed, at the Institution. Her extremity had improved in length, circumference and sensation. Motion of the knee joint was limited, but without the least inconvenience. She walks well without either crutch or cane, but has yet to wear a thick soled boot. Her general health is excellent.

Illustrations of Hospital Practice.

[☞ *On account of a press of matter we are compelled to omit the Reports from Pennsylvania Hospital this week. They will appear in full next week.*—EDS.]

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

WEDNESDAY, DEC. 1.

Service of Dr. Henry H. Smith.

Fistula Lachrymalis.—A little girl, 13 years of age, had an attack of smallpox 2 years ago. Subsequently she suffered from an inflammation of the conjunctiva, and of some of the appendages of the eye. When presented at the clinic the conjunctivitis had

subsided, and the following conditions were presented. There was a certain degree of contraction of the integuments near the inner angle of the left eye, and a well-marked tendency to *ectropion* was noticeable. Some distance below this angle of the eye was an orifice from which pus was freely discharged. The tears did not pass through to the nose, but ran over upon the face, constituting the condition designated epiphora.

A modified Anel's probe was introduced into the lower punctum, and carried through into the upper part of the lachrymal sac, where resistance was encountered. This modification of Anel's probe consisted in the probe being set in an ivory handle, such as is used for other eye instruments; the probe being thus rendered far more manageable. The passage of the probe showed that the epiphora was not due to contraction of the punctum or obstruction in the canalicula.

The probe having been withdrawn, was replaced by the nozzle of an Anel's syringe, but the stream did not pass through into the nose. On the contrary, the water escaped upon the face through the fistulous orifice. The case was therefore one of fistula lachrymalis. The obstruction was so complete that the best plan of treatment would be to resort at once to the introduction of a style. There was, however, so much conjunctival irritation, that the operation would be postponed a week, and the condition of the conjunctiva treated by slightly astringent collyriæ.

Enlarged Bursa over the Patella.—A middle aged man, after a blow upon the knee, noticed that a movable tumor gradually developed itself over the patella, and attained the size of a hen's egg. It was not at first red or inflamed, the skin retaining a perfectly natural appearance. Several blisters had been applied by the patient, who had, however, derived no relief from them. The blisters had produced so much redness and inflammation of the skin as somewhat to complicate the diagnosis. The disease was not synovitis, in which an accumulation of fluid within the joint would cause a swelling on each side of the patella, but not over it. The tumor was between the patella and the skin, and was either an abscess or more probably an accumulation of fluid in the subcutaneous bursa over the patella.

On incising the parts a free escape of a bloody albuminous liquid took place, showing that the disease was in fact enlargement of the bursa. The condition here presented was to be distinguished from house-maid's knee, a similar affection common in Europe, in which the bursa of the *tendon* of the patella is affected, instead of the subcutaneous bursa over the patella, which is involved in this case.

The small wound was closed with a compress retained in place by a strip of adhesive plaster. If the fluid re-accumulated, it would be evacuated again, and some means employed to develope inflammatory exudation of lymph and closure of the sac. A seton, or stimulating injections, as of iodine, might be used for this purpose.

Huge Congenital Umbilical Hernia.—A feeble, emaciated child, three weeks old, presented a tumor the size of an orange at the navel. The surface of the tumor was raw and ulcerated, and the skin surrounding it was inflamed. The child was one of a pair of twins, of which the other was stillborn. It was frequently observed that twins are apt to be imperfectly developed. At birth the tumor was quite as large as it is at present, and was covered by a transparent membrane unlike the skin. This afterwards granulated and assumed its present appearance. A similar prolapsed state of the bowels through the umbilical ring within the membranes of the cord was of frequent occurrence, but was seldom so extensive as in this case. On careful manipulation it was found that the hernia could not be completely reduced. A part only of the bowel was restored, and a large mass, probably containing at least some intestine, was left behind. The case was a difficult one to treat, and in view of the debilitated state of the child, would probably prove fatal.

A circular opening would be directed to be cut in the belly-band of the child of such a size that while it retained the part already reduced it would not make pressure on the unreduced portions of the tumor. This would be dressed with a piece of lint spread with Turner's cerate, in hopes of promoting cicatrization. The child would be watched, and the treatment modified from time to time, as circumstances should require.

Operation for Hare-lip on a Child Six Days Old.—A child six days old presented hare-lip on the left side, with a wide fissure of the hard and soft palate. The hare-lip would be at once operated upon, and the fissure of the palate would, if this operation succeeded, be much diminished. If it did not close com-

pletely, as from its width it was feared would be the case, this would become the subject of subsequent treatment.

The edges of the lip were accordingly freshened and brought together by three gilt hare-lip pins, in the manner detailed on a former occasion.

We are informed that this little patient has done remarkably well, the pins having been removed 36 hours after the operation. Complete union, so far as can now be judged, will be obtained.

SATURDAY, DEC. 4.

Service of Dr. Henry H. Smith.

Large Subcutaneous Abscess.—A child, 18 months old, had just recovered from an attack of measles. A week ago a slight swelling of the left thigh made its appearance, which gradually involved the whole front of the thigh, from the groin to the knee. The thigh had been freely painted with tincture of iodine, which would interfere with the effectual examination of the parts. Dr. Agnew, who at Dr. Smith's request presented the case to the class, said that in his judgment the tumefaction was superficial to the deep fascia of the thigh. He came to this conclusion because the strength and inelasticity of this fascia was such that it would not permit the degree of distension noticeable here. The fact that this superficial swelling came on subsequently to an attack of measles, was also of value in the diagnosis, and taken in connection with the great tenderness of the part, and the pain which the child seemed to suffer, rendered it almost certain that a large subcutaneous abscess was developing. Such abscesses are often observed after measles and scarlet fever. The mother of the little patient would be directed to discontinue the use of the iodine, and apply warm flaxseed poultices to the limb. There is as yet no fluctuation; so soon as this appears the contents will be evacuated.

Lameness from an Abscess near the Knee Joint.—Dr. Agnew next presented to the class a little girl four or five years old, who has had a decided limp for nearly a year. The difficulty was at the left knee, which appeared at first sight somewhat swollen. The leg could not be perfectly extended upon the thigh.

On superficial examination, the patient might be supposed to labor under a disease of the knee-joint; but careful investigation would show that this was not the case. In the first place, there was no swelling on each side of the patella, the tumefaction being posterior to the lateral ligaments of the articulation There was no tenderness or pain in the joint when the limb was moved, or when the leg is pushed upward, so as to press the articular surfaces together.

On examining the posterior aspect of the joint, it was observed that the hamstring muscles were somewhat contracted, rendering their tendons prominent, and preventing the extension of the limb.

Just below the popliteal region an orifice would be observed, which has been discharging pus since the complaint began. This fistulous orifice was consecutive to an abscess, which was the original disorder.

A probe introduced detected no diseased bone. The disturbance was, then, quite superficial. There was, however, considerable induration of the integuments.

The treatment would consist in keeping the limb at rest, and in the use of iodine or mercurial ointment, to promote absorption.

Encysted Tumor of Lower Lid—Extirpation.—A middle aged man presented a small tumor in his lower eye-lid, which had been gradually growing for several years. Tumors of the lids most frequently were of the encysted variety, and were due to an obstruction in the ducts of the sebaceous follicles. This was probably the condition in the present case. The treatment would consist in the extirpation of the tumor, by slitting it up, evacuating its contents, and afterwards dissecting out the cyst. The line of the incision should be parallel with the fibres of the orbicularis palpebrarum, which would insure the *slightest* scar.

The tumor was accordingly removed by Dr. Agnew, and the wound closed by delicate sutures.

Fissure of the Hard and Soft Palate.—A young man, 21 years of age, had been operated upon in his seventh year for hare-lip. The hare-lip was complicated with a wide fissure of both the hard and solf palate. This complication had not been treated by his physicians. Sometimes, after the operation for hare lip, a co-existing fissure of the palate will be considerably diminished, especially when the operation is performed early in life. This, however, had not been the case here to any marked degree. The patient suffers two prominent inconveniences from this condition. He cannot articulate intelligibly, and liquids

which he attempts to swallow rise into the nasal cavity, and escape more or less through the nostril upon the face.

Under favorable circumstances the operation of staphyloraphy would be appropriate in such a case as this. The soft palate having been thus united, the opening in the hard palate would be closed by a metal obturator. But that this difficult operation should be successful, it would be necessary that the patient should be completely under the surgeon's control for a considerable period of time. Especially was the necessity of a previous education of the patient for the operation to be insisted upon. Instruments should be introduced into the throat daily for a month or more, to accustom the patient to their presence that he might go through the operation without gagging, and straining in such a manner as to interfere seriously with the surgeon.

Whether this patient is so situated as to enable these preliminary conditions to be properly fulfilled must be made a subject of careful investigation. Should it be decided from any cause not to operate, his mouth will be fitted with an obturator, with a central appendage attached, to represent the uvula, and it is probable that by this contrivance a certain degree of capability for articulation will be attained.

Several other cases of less interest were brought before the class.

WEDNESDAY, DECEMBER 8TH.

Service of Dr. Henry H. Smith.

From this day's clinic we select the following cases.

Excision of the Tonsils.—A young girl, 13 years of age, presented a chronic enlargement of both tonsils, from which she had suffered for more than a year. Inspection showed that the glands had attained considerable size, diminishing the capacity of the fauces, interfering with swallowing and giving rise to considerable hoarseness.

This condition was sometimes designated scirrhus of the tonsils, a most objectionable term, giving rise to the idea of carcinoma. The term hypertrophy was also objectionable, as the disease consisted essentially in an exudation of lymph into the substance of the gland, where it was more or less completely organized, and not in an over-growth of the proper gland structure.

The treatment would consist in shaving off from one-third to one-half of the enlarged gland on each side by means of the tonsilitome. It was not necessary to remove more than this, the remainder undergoing atrophy and almost completely disappearing by the time cicatrization was complete. The operation was accordingly performed.

Fistula Lachrymalis.—Introduction of the Style.—The little girl presented at the clinic a week previously, laboring under fistula lachrymalis, was brought forward for the performance of the operation. A narrow, sharp pointed bistoury held with its back towards the nose was made to perforate the integuments just below the ligamentum palpebrale. The sac having been entered, the point of the instrument was passed obliquely backwards, outwards, and downwards in the course of the ductus ad nasum. Retaining the bistoury in the duct, a probe was passed down along the knife as a director, till it reached the nostril. The knife was then withdrawn, and the silver style passed into place along the probe which served as a guide. The probe was then withdrawn, and the style retained in place by a small piece of adhesive plaster.

The after treatment would require the utmost care and attention.

Fistula in Ano.—Operation. A middle aged man had suffered four years from fistula in ano, and was presented that an operation might be resorted to for his relief. After he had been etherized the fistula was carefully probed. It was of the incomplete variety, that is, it did not communicate with the bowel, though it ran up towards it, so that the point of the probe could be felt beneath the mucous membrane. A sharp pointed bistoury having been introduced along the course of the probe till its point could be felt, a wooden gorgeret was introduced into the bowel to protect the finger. The knife was then pushed through the mucous membrane into the gorgeret, and the two drawn away together, thus dividing the sphincter-ani muscle, and laying open the fistula precisely as would have been done in one of the complete variety. A mesh of lint was then introduced to insure that granulation should go on from the bottom of the wound.

SATURDAY, DECEMBER 11TH.

Service of Dr. Henry H. Smith.

Hip-Joint Disease.—Dr. Agnew, at the request of Dr. Smith, presented a boy four years

old laboring under the symptoms of commencing hip-joint disease. The limb was somewhat flexed, the fold of the nates was modified, there was fullness in the affected groin, great pain in the joint when the thigh was moved or when the child attempted to walk, and in the *knee* at other times. The child had light hair and eyes, and a puffy, scrofulous appearance. His parents attributed the disease to a slight fall. This might have been the *exciting* cause. The treatment would consist in the use of a carved splint, rest in the recumbent position for the present, and the administration internally of alterative tonics, such as liq. ferri iodidi.

Varicose Ulcer.—An elderly woman had long suffered from varicose veins of the left leg. Within a few months an ulcer of moderate size had developed over the lower portion of the tibia. It presented the ordinary characteristics of the varicose ulcer. Dr. Agnew directed that it should be dressed with strips of adhesive plaster, and the distended veins be supported by the application of a laced stocking or of a carefully applied roller.

Scorbutic Ulcer.—A laboring man presented a small ulcer over the lower part of the right tibia. It presented a peculiar livid appearance, and was surrounded by a purplish discoloration. His gums were swollen and spongy. For a long time his diet has been chiefly bread and tea. The ulcer was attributed to a blow, but the man, however, presented a scorbutic condition of system, and merely local treatment would probably fail to cure the sore. Dr. Agnew applied strips of adhesive plaster as in the last case, and directed that fresh vegetables should be employed as diet, with the internal use of tincture of chloride of iron, 10 drops thrice daily.

Traumatic Cataract.—A young man presented a well marked cataract in the left eye, which he attributed to a splinter of steel striking his eye while polishing an instrument on a turning lathe. As there was no cicatrix on the cornea, it was impossible to say positively whether the particle of metal had really penetrated his eye, as he supposed, or not. The right eye being sound, he will be advised not to submit to an operation at present.

Tertiary Syphilis.—A middle aged man presented severe ulcers over the sternum, the clavicle and the acromion process of the scapula. A probe introduced, touched diseased bone. Numerous cicatrices about several of the bones of the head show that they have been similarly affected. He was in fact laboring under tertiary syphilis. Dr. Agnew directed the sores to be dressed with basilicon ointment, and prescribed 10 grains of iodide of potassium three times a day in syrup of sarsparilla.

Enlargement of the Bursa beneath the Tendo-Achillis.—A laboring man had strained his ankle two weeks previously. Examination showed a well marked swelling *behind* the joint. It was not synovitis, the anterior ligament of the ankle joint being so lax that swelling would also be noticed in *front* if there was fluid *in* the joint. The condition was really a distension by fluid of the bursa beneath the tendo-Achillis. Dr. Agnew directed the application of a blister.

HOSPITAL OF THE JEFFERSON MEDICAL COLLEGE.

SATURDAY, DECEMBER 4.

Service of Dr. Dickson.

Gastric Disorder, with Cerebral Symptoms.—John W—, 10 years of age, has had pain in the forehead about the middle of the day, and at night wakes suddenly from sleep, and appears agitated. He frequently vomits after meals. We often meet with similar cases, in which a connection seems to exist between cerebral and gastric disorder. Sea-sickness for example, is clearly an affection of cerebral origin, but manifested by gastric symptoms. It is often difficult to know whether the cerebral or the gastric commenced first, and this we cannot decide from the prominence of either at the time of our examination. Gastric disorder is much more manageable, and is not so long in running its course; while with cerebral affections, danger always exists, and our means of controlling them are frequently very limited. Their progress is steady, and our earliest attention must be directed towards the investigation and treatment of the obscure morbid condition which is the cause of mischief. The gastric disorder in this case, preceded the cerebral so that our prognosis is more favorable. He must be sent to bed without supper, and take the following prescription :

℞. Hydrargyri chloridi mitis gr. ij.
Rhei pulv. gr. viij. M.

Jaundice.—Franklin W., aged 13, presents a jaundiced appearance, which indicates hepatic disorder. Nausea and vomiting annoyed him in the earlier period of his attacks; these symptoms, however, have disappeared, while the disease itself has progressed. Pain exists in the breast and throat, and the eyes are injected with a yellowish tinge. The alvine discharges are also colored in the same way. Clay-colored evacuations are associated as well with intestinal as with hepatic disorders. Cases of jaundice are often seen in which the color of the discharges remains unchanged.

The deobstruent influence of calomel often proves beneficial, and yet, according to a German authority, this valuable alterative is never found in the substance of the liver, while copper, which does not seem to act upon the liver, is found there in much larger quantities.

R. Hydrargyri chloridi mitis, gr. ss.
Bismuthi subnitratis gr. iv. M.

To be taken twice a day.

WEDNESDAY, DEC. 8.

Dyspepsia.—Sarah L., aged 63, has for some time suffered from dyspepsia and flatus. Habitual pneumatosis is difficult to control, and its pathology is often obscure. When complicated with dyspepsia, it often puts our means of relief at defiance. There is in many cases an actual secretion of gas from the lining membrane of the intestines, not depending upon change or decomposition of the food, but the result of an obscure morbid action. The sense of inflation is greater about half an hour after eating, and the phenomena of this case are more gastric than intestinal. The bowels are regular, and there is no reason for believing that the intestines participate in the disturbance. The pulse is intermittent, as frequently is the case in dyspeptic patients. She finds that a meat diet is productive of the least inconvenience.

We must treat this as a want of proper innervation of the stomach and of the proper secretion of the gastric acid. Muriatic acid, in combination with iron, will probably be of service.

R. Tinct. ferri chloridi gtt. v.

to be given every four hours in large dilution. Small doses frequently repeated are of more service in these affections than larger doses given at longer intervals.

SATURDAY, DEC. 11.

Congenital Pulmonary Disease.—Jane Kelly, aged 8, presents an interesting example of congenital pulmonary disease. She has coughed constantly since birth, the paroxysms being more severe at night. She has also had a severe attack of hooping-cough, from which she has not perfectly recovered. She speaks in a whisper, because it is painful for her to speak otherwise. Pain exists upon the left side of the chest, her appetite is not good, and she has occasional attacks of epistaxis. A bad attack of pertussis is frequently followed by emphysema, while collapse and consolidation are much more rare. Dysphagia often attends laryngeal inflammation, but it does not exist in this case.

The prognosis is unfavorable, as all the grave symptoms seem to be permanent, and are probably hereditary. Especially is the prognosis unfavorable, when, with laryngeal inflammation of long standing, as evinced by huskiness of voice, &c., the patient has a strumous diathesis. The main indication is to build up the patient's constitution by improving her nutrition. Oily nourishment is found of inestimable value in this class of cases, and such has been the experience of practitioners for many years. A traveller in Africa nearly a hundred years ago, mentioned that consumption was treated at that time among the uncivilized people of that country by hippopotamus oil. Oil was used in the treatment of rheumatism during the latter part of the last century, and it has been found that patients become much fatter under its use. Gradually it has become a favorite article in scrofulous and tuberculous cases, in the form of cod-liver oil, although the general action of oleaginous substances upon the economy is by their beneficial action upon the system of nutrition. A patient may, however, get fatter while using the oil, and yet the local disease may not be ameliorated.

Other Cases Presented.—Several other cases of interest were brought before the class during the three clinics reported above, which we have not space to detail. An illustration of the peculiar eruption of purpura in a child a year and a half old; several cases of bronchial and pulmonary disease; one of asthma, connected with emphysema; one of chronic pleurisy; two of verminous irritation; one of tumefaction of the abdomen, with splenic enlargement in a child two years old; and one of lumbago.

WEDNESDAY, DECEMBER 1.

Service of Dr. Gross.

Paralysis, &c., from injury to the Median Nerve.—Thomas J. D., aged 22, was wounded in the neck, a little to the left of the mesian line, on October 16th, by a knife, the blade of which was about four inches or more in length and one-third of an inch in width. Considerable hemorrhage followed, requiring the ligation of an artery, probably the ascending cervical or superior thyroid. Paralysis and atrophy of the right arm supervened upon the injury, especially in the hand and the lower part of the forearm. A feeling of numbness exists in the thumb and forefinger, and, to a slight extent, in the middle finger. Judging from the direction in which the incision was made, and from the nervous distribution to the parts injured, it is conjectured that the median nerve has been wounded, probably near its point of origin near the vertebral column. No creeping sensation is experienced through the limb; the marked phenomena are loss of sensibility and of the power of voluntary motion.

The median nerve, it will be remembered, is derived—as are all the great nerves of the arm—from the brachial plexus, and in its ultimate ramifications supplies the fingers with nervous filaments. It is probable that the plexiform arrangement at the very point of origin of the median nerve has been injured. The muscular development of the left arm is much greater than that of the right, the latter being flabby from the impairment of nutrition in the limb. The deltoid is painful on pressure; the hand droops, and the patient has been able to flex or extend his arm but slightly.

The interesting point of such a case is the prognosis. Has the patient a fair prospect of recovering the use of the limb? There is strong reason for believing that we may perhaps be able to restore it after several months—it may be, years—and this hope is based upon the fact that muscular action is not entirely lost. The pain along the arm is often so great as to prevent him from sleeping. He is pale, and has lost flesh; while, therefore, by external means we attempt to stimulate the parts to their normal action, we must build up the patient's constitution by a combination of tonics.

℞. Quiniæ sulphatis
Ferri sulphatis āā. gr. ij.
Extract. nucis vomicæ, gr. ss. ft. pil.
To be taken twice a day.

The nux vomica especially is indicated in affections of the nervous system such as we have an example of in the present instance. The diet should be light but generous, and exercise in the open air, and the application of the warm and cold douche from a shower bath, and friction with a coarse towel, especially over the superior extremity, should be perseveringly attended to.

Chronic Ozœna.—Henrietta B., aged 45, has suffered for four years from the abundant discharge of a thick, yellowish, inspissated mucus from the nasal passages, which is occasionally of a thinner character. There are two classes of cases in which ozœna is met with, the syphilitic and the strumous. In the latter it occurs before the age of puberty, frequently when the child is about ten years old, and is connected with a strumous diathesis, which has usually been derived from parents. It begins with inflammation of the Schneiderian membrane, gradually involves the osseous system in the vicinity, producing disfiguration of the countenance. An offensive discharge also supervenes, which by passing into the posterior nares and being swallowed, disorders the stomach and bowels, destroys the appetite, and impairs the general health of the patient.

In the syphilitic form of ozœna, indications of the tertiary stage of the disease also present themselves. The bones of the palate are more likely to be involved, and in more severe cases, when the disease has made very extensive inroads into the system, the superior maxillary undergoes morbid changes. The treatment of the two forms differs. The present case is one of the syphilitic form, and requires constitutional treatment accordingly.

℞. Potassii iodidi gr. x.
Hydrargri chloridi corrosivi gr. 1-12th. M.

This dose to be repeated three times daily, together with occasional purgation. An injection made in the following proportion must be thrown into the nose three times a day with a large syringe.

℞. Cupri sulphatis gr. ss.
Acidi tannici gr. ij.
Liquor sodæ chlorinatæ q. s.
Aquæ f℥j. M.

SATURDAY, DEC. 4.

Paralysis of Right Leg, from Injury—Bed Sore.—Pennel T., 26 years of age, fell last May, from a hand-car, and immediately after the accident was found to be paralyzed.

He thinks he did not strike his back, but in this he is probably mistaken. For two months he remained in bed, incapable of motion. Sensation was also lost in the lower extremity. He cannot now move his toes, nor can he flex his foot, although he can raise the leg. The distal portions have not regained their normal power, although the upper portion of the limb seems to be gradually recovering them. Usually, in cases of paralysis of the lower extremity, a tendency exists to phosphatic deposit in the urine, especially when the spine is directly subjected to violence. The urine is reddish. Generally, there is a certain amount of inflammation of the bladder connected with the urinary deposit, and the desire for micturition is frequent.

A powerful impression must be made upon the nervous system, by the revulsive effect of the actual cautery, applied over the spinous processes of the lumbar vertebræ. The eschar resulting will be about as large as the palm of the hand. He must also be put upon a mild tonic treatment.

℞. Quiniæ sulphatis,
Ferri sulphatis, āā gr. ij.
Extract. nucis vomicæ, gr. ss. M.

To be taken twice a day.

Saturday, Dec. 11. The eschar which involved the skin and subcutaneous cellular tissue, has not yet become detached. In young children, the period that elapses from the application of the actual cautery until the separation of the slough, is from four to six days; in adults, ten to twelve. It may yet be four or five days, in the case now before the class. The surface around the slough is covered with aplastic, unorganizable matter, and a red border surrounds the affected part. A poultice must be used, to be changed three times daily, until the slough is detached, or even afterwards, to promote suppuration. If we desire to keep up irritation, nitric acid ointment, or unguentum cantharidis diluted, or unguentum sabinæ may be employed. The cantharidal ointment must be prescribed cautiously, however, as strangury may follow its use.

Besides the sore surface produced by the hot iron, ulceration, similar to a bed sore, exists over the right buttock. This has been acquired by the patient's habit of resting the weight of his body upon that side while sitting, thus concentrating the pressure, and producing mortification of the part. The gluteus maximus muscle is exposed, and the integuments are so much undermined, that the finger can be passed under them to the extent of an inch and a half. Similar accidents sometimes occur in the protracted treatment of fractures, or in cases of typhoid fever, in which the patient is confined to bed for a long time. A sense of formication and numbness generally precedes the appearance of bed sores, which premonitory symptoms must not be disregarded. These are followed by discoloration and tumidity; circumscribed at first, but gradually increasing in size, until the surface involved becomes often as large as a dinner plate.

Parts most exposed to pressure, such as the regions over the sacrum, the great trochanters, and the illiac bones suffer, of course, the earliest. The skin and cellular tissue become involved, and, in severe cases, even the muscular tissue, so that the sacrum has been found to be perfectly denuded. As soon as we perceive the symptoms of approaching mischief, it is our duty to apply our remedial agents speedily. The best applications are a dilute tincture of iodine; and a saturated solution of alum as a lotion. If serious inflammation already exists, employ the iodine application, or soap plaster, and attend to the position of the patient in bed. See that the mattress is soft and elastic, and that the sheet is not creased or folded. If these means fail, a hydrostatic bed, or a water cushion will add to the patient's comfort. Sometimes, in country practice, a common bolster, stuffed with wool or horsehair, is used, and a hollow space left in the interior for the part affected, but this mode of relief is objectionable on account of its concentrating the pressure. If sloughing takes place, the general and local treatment for mortification must be persevered in. In all cases, bed sores deserve attention, for their neglect may result in the death of the patient.

The remedial measures, suggested a week ago in this case, must also be continued.

Traumatic Inflammation of the Wrist-joint.—Rosa L., about 20 years of age, has been suffering from an affection of the hand, wrist, and fore-arm, originating apparently in the wrist-joint. Pain is experienced extending along the arm almost to the shoulder, and increased at night. The injury was caused by striking her wrist against a shutter. It is probable that this traumatic inflammation of the joint has not received the proper attention as regards rest, etc., so necessary in such cases, and that it only became a matter of anxiety to the patient, when the pain and extent of inflammation prevented her from using the

arm for her ordinary occupations. The dorsal surface of the wrist and hand is swollen, œdematous, and tender; and the fingers have become stiff from the extension of inflammation along the thecæ of the tendons.

We cannot say, positively, whether the articular cartilages are inflamed and softened, or whether the internal osseous tissue may not be affected. The inflammation is probably limited to the synovial membranes and articulating cartilages.

Rest of the part must be strictly enjoined, as well as quietude of the general system. The diet must be bland and farinaceous. Her bowels must be kept steadily open, and an anodyne be given every night.

℞. Vini colchici radicis ℥ ℨ
Morphiæ sulphatis gr. ss. M.

The wine of colchicum is added in consequence of the existence of inflammation of the synovial membrane of the joint. The limb must be kept in a sling, and a splint be applied, extending along the fore-arm to the extremities of the fingers. Once a-day an application of unguentum hydrargyri must be made, previous to which the hot and cold douche must be employed.

Congenital Hygrocele. — Willie B., five weeks old, affords an example of congenital hydrocele, although the mother observed the swelling of the scrotum only two weeks since. The tumor has gradually increased, never disappears, is elastic, firm, and cannot be reduced. If it were a hernia, whether of omentum or intestine, or both, it would probably be reducible. It is not an example of malignant tumor, nor does it belong to the class of benign tumors.

The introduction of a delicate exploring needle, confirmed the diagnosis that this is a hydrocele, as evinced by its fluctuating feel and translucency. A solution of alum, ℥ij., to a half pint of warm water, must be constantly applied by means of a flannel cloth kept wet. Every fourth morning a teaspoonful of oleum ricini should be given. Simple medication often effects cures at this age, and the necessity for an operation is obviated.

Other cases presented.—It is impossible to give details of all the cases brought before the class, so that a general summary of those not reported in full may be advisable. During the four lectures in the surgical department of the clinic reported above, the following cases were brought forward, some of them requiring operation:—carcinoma of the mammary gland; scrofulous abscess in the neck; congenital malformation of the toe, requiring the removal of the nail; adipose tumor on the upper part of the chest; syphilitic eruption; amputation of finger, to relieve permanent flexion; mammary abscess; division of the extensor tendons of the toes, on account of congenital malformation; sounding for stone in the bladder, by which the presence of a calculus was satisfactorily determined; phimosis; hemiplegia, for which the actual cautery was applied; necrosis of the metatarsal bones of the right foot; ankylosis of the knee-joint, which was loosened by motion; and adhesion of the lower eyelid to the ball, the result of an injury, a careful dissection being made to separate them.

HOSPITAL OF PHILADELPHIA MEDICAL COLLEGE.

Service of Dr. Halsey.

WEDNESDAY, DECEMBER 1ST.

Scrofulous Ophthalmia.—A child aged two years, of strumous diathesis, has a severe inflammation of the left eye, which first made its appearance three weeks ago. The cornea is hazy, and in the central part of it there exists an ulcer. A rosy zone also encircles this coat. This zone consists of very small and straight blood-vessels, which radiate to the cornea as a centre.

There is great intolerance of light, and the mother says that the child always lies in bed with her face buried in the pillow.

Besides this, are the usual characteristics of a scrofulous constitution—light hair, fair skin, large blue eyes, long eye lashes, a thick upper lip, and a tumid belly.

There can be no difficulty, then, in making out our diagnosis at once. We have most assuredly a scrofulous ophthalmia or inflammation of the cornea, with an ulcer, which, if allowed to go on, will pierce the corneal coat, and allow an evacuation of the humors to take place, which will be likely to prove fatal to vision.

These inflammations are very common, and if they are not treated properly, may terminate in a total loss of the eye. As the inflammation depends upon the constitutional diathesis—scrofula—the principal part of the treatment should be directed to the removal of this disorder.

It is purely an asthenic inflammation, and as such demands a far different treatment from one of the sthenic forms of inflammation. Indeed, if this scrofulous or asthenic inflammation were treated as a sthenic disease, there is no doubt that, judging from its present condition, the eye would be totally lost. There already exists an ulcer in the cornea, which is not the result of an excessively high grade of inflammatory action, such as generally occurs in purulent or gonorrheal ophthalmia, but which is the effect of the diminished vitality produced by a low form of inflammation upon a tissue, the nutrition of which is already below par. If, now, a purely antiphlogistic treatment be applied, the object of which is to cut off still more the supplies of nutrition, you will readily see that ulceration will be likely to go on still more rapidly, and perforation and collapse will be the result.

Your treatment, then, should be mainly constitutional, and this, the building up treatment. Tonics, a good rich nutritious diet, warm clothing, pure air, and plenty of exercise, are the agents that will succeed best in curing scrofula. Many parents are in the habit of letting their children live almost upon pies, cakes, sweetmeats, nuts, confectionery, etc., etc. It is needless to tell you these things are very deleterious, inasmuch as they are not only difficult of digestion, and are very apt to cause disorders of the stomach and bowels, but they prevent the child from eating those things that would afford greater nourishment. As in scrofula there is likely to be more or less torpidity of the bowels, a mild laxative and alterative should be given.

R Pulv. rhei, gr. xxiv.
" ipecac., gr. iij. M.
div. in chart. No. 12.

Take one every morning: also, take quinia in solution, a grain three times a day. This may be occasionally alternated with iodide of iron.

For a collyrium use

Zinci sulph., gr. j., to aqua f ℥j.

A drop two or three times a day. An ointment also to be used to anoint the tarsal edges every night, to prevent their adhering.

Inflammation of the Hip-joint.—A child aged eight years is lame in her right leg, and complains of pain in her right groin. Two years ago she fell against a hydrant, and began soon after to experience pain and uneasiness in the right groin upon attempting to walk. She has been getting worse ever since. Upon examination the right leg seems longer than the left, but this is not really the case. The cause of this is in the obliquity of the pelvis, given to it by the patient's always standing with her principal weight upon the left leg, and resting the right one forward, slightly bent. This is a characteristic symptom of the disease. There is also flattening of the right nates. Twisting the leg gives her pain, as does percussing the sole of her foot. No pain is produced by pressing upon the trochanter major, nor by pressing upon the posterior part of the joint. Pressure upon the anterior part of the joint gives her pain. The bones are undoubtedly free from disease, which seems to be confined to the capsular ligament anteriorly, and it may be, the synovial membrane also.

Patients suffering with this disease, almost always complain of pain at the outside of the knee joint. In this case we have an exception, for the locality of the pain is in the groin. This may be accounted for by the seat of the disease, which is, in all probability, confined to the anterior region of the joint.

The patient has, in this case as in the other, very strong marks of the scrofulous habit. She should have a rich and nutritious diet, warm clothing, and in consequence of the disease being in a joint, should be kept very quiet in a warm but well ventilated room. Tonics should be given regularly, with an occasional laxative.

A caustic issue was ordered to be made just over the trochanter major. This may be made with concentrated nitric acid or caustic potassa. The latter will be used. In the majority of instances, if this treatment be followed strictly, the patient will recover when seen early; but sometimes it may be necessary to resort to the actual cautery, which is a most powerful counter-irritant, and deserves to be used much more than is customary in this country. In the treatment of chronic inflammations of the joints of bones and deeply seated parts, it is a most potent agent.

Scrofulous Ulcer.—A colored man was brought before the class, having a deep ulcer situated over the sternum. Last June, he says, he was beaten. After this occurred, the part swelled up and became very painful; it finally broke, and has continued to discharge. The opening now is an inch in diameter, and nearly as deep. The upper edge is undermined to a considerable extent. The sublin-

gual glands are very much enlarged, and the submaxillary also. This is a scrofulous ulcer, the exciting cause of which is the blow or beating he received some time ago. Iodide of potassium was directed to be taken internally, the ulcer well cauterized, and a warm poultice directed to be applied.

Edema of the Foot.—An old man was introduced, having his right foot very much swollen and edematous; there was pitting on pressure, and the temperature of the part considerably elevated. The patient is not aware of any special cause. His bowels are natural, and his health tolerably good. After a full examination, he declared that he had been lately wearing his garters very tight above his knees. He was directed to leave them off, to keep quiet a day or two, and keep his foot elevated.

Wound of the Auricle.—The patient, in a battle three weeks ago, had had a part of the ear bitten off. The bite had extended through the skin and cartilage, which hung loose in a flap. The parts were suppurating very profusely. For the purpose of preventing the deformity which might arise from leaving the parts in the present condition, a fine suture was carried through the flap and attached to the main body of the auricle, in the hope that the granulations of the flap would unite with those of the other bitten part. Warm poultices were directed to be applied.

TUESDAY, December 7.

Service of Dr. Halsey.

Necrosis—A boy, aged 8 years, of very strumous habit, was brought before the class, having necrosis of the upper third of the left tibia. Three months ago a swelling appeared in this region, which was very red and painful. In a few days, it broke and discharged very freely, and it has continued to do so ever since. There are now two openings, discharging pus; there were three at first, one having closed up. On introducing a probe into one of the openings, dead bone was distinctly felt, and discovered to be loose.

Four or five weeks ago the patient was brought to the clinic, when there was a great deal of redness and swelling, as well as other indications of acute inflammation. Leeches and poultices were prescribed, with absolute rest of the leg. The inflammation has now entirely disappeared, and there remains the dead bone, which is being exfoliated and cast off. An operation was advised, to remove the sequestra, but as the patient objected, it was not done. If the dead bone has been thrown off from the surface of the tibia, and is superficial, it will in all probability be discharged from one or more of the openings, and thus the operation will not be required. He has been ordered quinia, potass. iod., together with a good, rich and nutritious diet.

Trabecular Cataract.—A negro boy, aged about 12 years, has a milk-white bar, running diagonally across the pupil of his right eye. As it is deep-seated, and just behind the iris, there can be no doubt that this opacity is located in the anterior surface of the crystalline lens. The patient first observed it about two months ago. The sight of that eye had been gradually impairing for some time. He can now distinguish parts of objects, but cannot see the whole, particularly of large ones. With a great deal of trouble he can make out to read. For several months he says he has had pain in his right eye, and over the brow; says he has never received any injury to the eye.

This is an exceedingly rare form of disease, though it is occasionally met with. The opacity here is caused most probably by a deposit of lymph on the capsule of the lens, as there are the symptoms of a low grade of inflammation existing in the eye.

Sometimes the deposits in this form of cataract are osseous. As long as the other eye is sound, no operation would be justified; but since we have tolerably good evidence of a low grade of inflammation in this eye, it will be best to put the patient under a treatment accordingly. Besides, there is a pretty strong probability that as the opacity has not existed a long time, and is constituted of effused lymph, it may be removed and the sight restored. The patient was ordered to take one grain of blue pill three times a day, and to have applied to the temple, a blister.

The case of scrofulous ophthalmia was brought in, which was reported last week, and is quite well. Also, of gonorrhœal rheumatism, much improved.

☞ *A portion of this report is necessarily laid over till next week.*—EDS.

Reviews and Book Notices.

The History of Prostiution, its Extent, Causes and Effects Throughout the World. [Being an official report to the Board of Alms House Governors of the city of New York.] By Wm. W. Sanger, M. D., Resident Physician Blackwell's Island, New York city, etc., etc. "To such grievances as society cannot readily cure, it usually forbids utterance on pain of its scorn; this scorn being only a sort of tinselled cloak to its deformed weakness."—Currer Bell, *Shirley.* New York: Harper & Brothers. 1858.

The foregoing is the title of a book containing 685 pages, issued by the very popular publishers, Harper & Brothers, of New York. The first 450 pages are taken up with an introduction and the history of prostitution in the eastern hemisphere, the remainder with that of New York.

In taking up this book for consideration, the question very naturally arises—What can be the use of such a book? To answer this requires some knowledge of the author and his motives, of both which our knowledge is very limited, and the book itself does not give much information on these points.

It proposes to be a history of extent, causes and effect. The causes of prostitution, we think, have never been regarded as a problem of difficult solution. Of the effects and extent, we need no book to inform us; they are painfully before us in our every day walks of life, and if one is obtuse enough to pass along without seeing the effects and extent in the streets in broad day light, he can scarcely escape a knowledge of their history in the reports of the police courts and poor houses, of which a current account is given in the journals of the day.

We, therefore, are constrained into the expression of the opinion that this work is uncalled for. Can we stop here and say it is harmless? Let us see. In speaking of his subject, page 19, the author says: "Nor is it (prostitution) unmanageable, except where concealed. Stripped of the veil of secrecy which has enveloped it, there appears a vice arising from an inextinguishable, natural impulse on the part of one sex." We deny the existence of any "inextinguishable natural impulse" which cannot be controlled by discipline and education. It would be a melancholy reflection to conclude that there is nothing in man capable of rising above the instincts and sensual enjoyments common to the lower order of animals and man, and that he is debarred the glorious privilege of rising above them into a state of refinement, where all these are in subjection to the human in him.

Again, on the same page, he says: "It is a mere absurdity to assert that prostitution can ever be eradicated." Teach this doctrine throughout the community, and the number of prostitutes will be frightfully multiplied. Again he says, on the same page: "The teachings of morality and virtue have been powerless here."

We ask, then, in the name of all that is good, to what source directs he our attention for salvation, for prostitutes are specially proscribed! Again he says, page 20: "But if history proves that prostitution cannot be suppressed, it also demonstrates that it can be regulated." This is sheer nonsense. The very susceptibility to regulation is all that is desired. It can then be so regulated that the sexual congress shall follow, not precede the marriage ceremony, and the parents take care of and educate the offspring: prostitution then is at an end.

Our author, however, only sees a direction given to prostitution by police arrangements; in that, a legalizing of prostitution.

Our space does not admit of further quotations and comment, but the principles of morality and sentiments throughout, are of so loose a character, as to take from the book all value as a guide in adopting any line of policy in our efforts.

The historical part, if strictly correct, might furnish some *thinker* with the means to elaborate a plan by which legislative action might lead the way to a social reform which would correct it; but we may justly suppose one so loose in sentiments might accidentally incorporate into his statistics some statements not entirely free from error; thus, then, the probable utility of the book is lost.

The book itself is well printed, on good paper, with good large type. It is a specious book, not much in little, but little in much. It might be condensed into half the number of pages easily.

What class of readers is this work intended for? Physicians? It is of no use to them; they have Duchatelet. So have lawyers; divines likewise. Either of these might possibly be induced to take up the subject for study in relation to the remedy; but the material is not suitable for this end. From the manner of its appearance before the public, we are fearful this book will become a prostitute, and permit itself to be the means of gratifying a morbid

desire to dwell upon the details of vice, crime and misery, and the thoughtless find in it excuse for his vice.

We are led to the expression of this fear because we perceive that it has been laid for notice on the editors' table of many of our popular daily journals, whose large bank accounts are swelled by fees received for advertising remedies for diseases contracted in this vice, and because we find that it is kept on sale even at our newspaper and periodical depots. The book, then, is good only for editors, book publishers, printers, and the author himself in the price of his copy-right. Its effect upon the community at large can only be injurious.

J. M. C.

Editorial.

THE PHILADELPHIA HOSPITAL,

(Blockley.)

We have the pleasure to announce that Clinical Lectures began in this extensive institution last Wednesday, under the charge of Drs. Biddle and Agnew, in the presence of a large and attentive class of students. This is the largest hospital in the country, having an average of 1000 patients a day, and students and practitioners can have no better opportunity of studying disease in its various forms than can be enjoyed here. The boards of consulting Physicians and Surgeons are composed principally of active young men, and all of them, by their intelligence and standing, are peculiarly fitted for the positions which they occupy. Unfortunately the day proved inauspicious, as the rain fell in torrents. Still, the spacious amphitheatre was well filled. The introductory by Dr. R. K. Smith, was well received, and at the clinic which followed it, a number of important cases were presented.

A single change has occurred in the board from that announced in the REPORTER of the 3d inst., viz: the declination of Dr. S. H. Dickson, on account of ill health, and the election of Dr. J. Da Costa in his place.

It has been suggested to the board, we believe, that a Pathologist be added to the medical and surgical corps of the Hospital. All large institutions of this kind should provide such a department, as it is one of very great importance to the progress of medicine. Rokitansky, of Vienna, the greatest of living pathologists, probably, has personally examined the bodies of over 30,000 subjects, and the facts that he has accumulated are of immense value, and, as they are on record, they are not likely to lose their importance. But it is necessary that these facts should accumulate, and that the observations of different pathologists should be compared, in order that the world may reap the greatest possible benefit from them. We trust that not only at the Philadelphia, but at the Pennsylvania, and all our Hospitals we will, ere long, have active and efficient pathologists.

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THE NEW YORK MEDICAL PRESS.

We have received the first number of a weekly medical journal from New York, bearing the above title. It is under the editorial management of Drs. J. L. Kiernan and W. O'Meagher, and is patronized and recommended by the faculties of the several medical colleges of that city.

The *Press* is got up exactly on the plan of our journal, excepting that it gives a somewhat larger page, and twelve of them instead of sixteen a week: the price being the same also as ours. We took pains to avoid this form of page, on account of its inconvenient size for a library, when the work comes to be bound. It has been our expectation that New York would soon see that it was to her interest to follow the lead of Philadelphia in issuing a weekly medical journal on this plan, and we can assure our confreres that we welcome them into this most important field, and trust that it may be our pleasure to labor long side by side with them in developing more effectually than has hitherto been done a *home medical literature*. The field is large, the material abundant, and our experience is that the profession is ready and anxious to sustain well conducted weekly medical journals.

Of the editors of the Press we know nothing, as their names are new to us, but we like the tone of their modest salutatory. They say that they have "youth, hope, courage, and a desire to do right"—and we trust that they

will be encouraged. They will probably, however—and indeed, we infer from their salutatory they have already done so—meet with many discouragements. It will require a large capital, or a large list of paying subscribers to establish a journal such as they have commenced. We trust that the editors will adopt now, and ADHERE TO, the principle of *advance payment in all cases*. "Money or nothing" should be our business motto. After an editorial experience of more than eight years, we can speak feelingly on this subject, and we say to Drs. Kiernan and O'Meagher that if they would avoid the most abject kind of slavery, let them insist on advance payments.

The number before us is mostly taken up with clinical reports, prominent among which we observe the surgical clinics of the veteran Dr. Valentine Mott. There is a looseness in prescription writing—which, by the way, we must say is pathognomonic of New York prescriptions—that we earnestly hope the editors will correct. This is a matter in which medical journals should be *very particular*.

We wish this enterprise eminent success, and cordially recommend the *Press* to the patronage of our readers, who will then have an opportunity of comparing the practice of Philadelphia and New York.

Correspondence.

LONG ISLAND COLLEGE HOSPITAL,
Brooklyn, Nov. 15th, 1858.

The profession having a decided interest in the public hospitals and medical schools of our country, I avail myself with pleasure of your kind offer, to furnish you some information respecting our institution recently founded in the city of Brooklyn. It would be useless to lose a word about its necessity, for its supporters are convinced of it, whilst its opponents, if there are any, would be hardly reached by any arguments whatsoever.

The Long Island College Hospital was chartered and organized last winter, after having absorbed the Brooklyn German General Dispensary, and retained two of its medical officers, Drs. Bauer and Braeunlich.

Soon after, its present eligible location—the so called "Perry property,"—was secured by purchase, and on the 1st of May last, the new building was taken possession of and opened for the reception of patients. The building is as suitable to hospital purposes as any private dwelling ever could be, and will comfortably accommodate fifty patients, leaving room for warden, resident physician and surgeon, nurses, domestics, etc. Since the building was opened, the south wing, formerly used as a conservatory and grapery, has been converted into a museum, surgical room, chemical lecture room, amphitheatre and dissecting room, in so neat, compact and practical a manner, that the establishment now comprises all facilities and local advantages both needful and desirable to carry out its objects as a public hospital and medical school.

There is but one institution of a similar character in the United States, namely, the National Medical College and Infirmary at Washington. The professors of the former are medical officers, and sole administrators of the latter, but for causes known best to themselves, neither has as yet acquired any decided success or prosperity, despite the material aid annually granted by Congress and the municipal authorities of the metropolitan city.

No doubt the necessity of hospital facilities for clinical purposes, has been acutely felt by each medical college, yet it has not been possible to secure them everywhere. And therefore most colleges, especially those of New York, have tried to make up the deficiency by polyclinics and a few beds in their respective college buildings. A hospital with fifty beds in the beginning, in connection with the college, is therefore a decided advantage over many others, and there is no doubt but that students will duly appreciate it. Time will be saved in stepping from the lecture room into the hospital wards, and the interest of the profession and medical attendants being identified in the same persons, a promptitude and unity of action will result, not to be realized everywhere.

To all appearance, we shall not be in want of clinical material. The hospital register exceeds already the respectable number of one hundred patients, and the out-door department runs as high as four thousand for the short period of seven months.

Thanks to the personal exertions of some distinguished practitioners, more especially of Dr. James R. Wood, the indefatigable laborer for the advancement of the interests of medical education, we enjoy an anatomical bill that will secure from the public institutions of the county as many subjects as are needful for dissections and operative practice.

A liberal policy engrafted in our charter and by-laws, unbiassed by national or religious prejudice, and rigidly adhered to in its execution, will not alone secure individual

talent and ability, but also the cordial co-operation of the profession at large. At any rate, there is no room left for favoritism or nepotism, because every candidate for appointment has to come in on his own merits by competition of a scientific and honorable character.

The medical staff of the institution is subdivided into Counsel, Faculty and Adjuncts, the first act as an advisory board in all medical matters administrative, and as counsellors in intricate cases. The faculty are the attendants, in ordinary, of the hospital patients; and the adjuncts—physicians and surgeons, have charge of the polyclinic, under the superintendence of the attending physician and surgeon on duty.

The medical service is so arranged as to bring, with the exception of the counsellors, all medical officers at a certain hour of the day to the institution, so that consultation may be had every day without previous invitation. Their duty alternates, not by the month, as in the other hospitals, but by the day, as in English institutions.

The college faculty has as yet not been organized and completed, chiefly for the simple reason that the teaching material has not been sufficiently provided for, which is, however, expected to be done during the winter; some lectures, nevertheless, will be delivered on anatomy, (by Dr. Louis Bauer,) clinical medicine, (by Drs. Chapman and Byrne,) clinical surgery, (by Drs. Daniel Ayres and Louis Bauer,) and perhaps on some other branches, if a class can be formed. By the next year, however, we shall be in working order, and come in for a fair share of public patronage. * * * * *

As I shall have very soon the occasion of addressing you in behalf of our institution, I close to-day my communication, with the list of medical officers.

Counsel.

T. L. Mason, M. D.

C. L. Mitchell, M. D., formerly Professor of Physiology and Midwifery, Castleton, Vt.

Wm. H. Dudley, M. D.

James J. Henry, M. D.

Faculty of the Hospital.

Daniel Ayres, M. D., LL. D., Surgeon, with college appointment.

Louis Bauer, M. D., M. R. C. S., (Eng.,) with college appointment.

James Byrne, M. D., Physician.

E. N. Chapman, M. D., Physician.

The office of a physician for the attendance upon German patients is at present vacant.

Adjuncts.

G. D. Ayres, M. D., Adjunct Physician.
W. H. Davoe, M. D., " "
C. E. Clarke, M. D., " "
J. G. Johnson, M. D., Adjunct Surgeon.
E. A. Whaley, M. D., " "
D. A. Dodge, M. D., " "

House Surgeon.

George A. Ostrander, M. D.

House Physician.

C. E. Halsey, M. D.

Albany, N. Y., Dec. 1, 1858.

Editors Med. and Surg. Reporter:—Dr. Edward Hale, of Rensselaer county, New York, has been appointed Superintendent of the New York Asylum for Insane Convicts, located at Auburn. The building is adjoining the prison there.

Hitherto the insane convicts in this State, as in all others in the Union, have been sent to public asylums for care and treatment, where no distinction could be made between the innocent and the guilty. The convalescent insane walk the same halls, and eat at the same table with the convalescent convict—an association not only objectionable and repulsive to the friends of the patient, but averse to the principles of humanity. The organization of this Institution, which is the first of the kind in this country, is calculated to remedy the evil alluded to, and at the same time to meet fully the wants of the unfortunate convict. There are in the asylums and prisons of this State about sixty insane convicts, all of whom will be removed to this Institution as soon as it is sufficiently completed to receive them.

Dr. Hale was for several years the assistant of Dr. John S. Butler, (now of the Hartford Retreat,) in an asylum in Boston. His appointment was most cordially recommended by many of the most eminent physicians in the State, and meets with unexceptionable satisfaction.

Identified thus early with this new enterprise, it cannot be doubted that Dr. Hale will, with his ability and zeal, give happy direction to the future influence and usefulness of this Institution, making it an honor to the cause of humanity, to the profession whose sympathies and labors are enlisted in its behalf, and to the State under whose care it is to be fostered.

The Institution will be opened for the reception of patients about the first of January.

S. D. W.

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 114. PHILADELPHIA, DECEMBER 24, 1858. NEW SERIES, VOL. I. NO. 13.

Original Communications.

On Infantile Convulsions.

By Geo. J. Ziegler, M. D.,
of Philadelphia.

In the late discussion before the County Medical Society, on infantile convulsions, one of the speakers is reported to have said, that in those cases in which "we do not dare to bleed, he was often puzzled what to do." Now, as depletion and all other spoliative measures are being justly regarded with distrust, as not only fraught with much evil, but of doubtful benefit, especially in infantile affections, it is important to settle down upon some more certain and philosophic method of reducing arterial and nervous excitement, and of subduing their concomitants. As the experience and suggestions of every one are more or less useful in determining the proper course, I present the following.

In those disturbances of the vascular and nervous systems, attended with local hyperæmia and irregular or undue innervation of any particular part of the economy, and especially of the cerebro-spinal axis, followed by convulsions, I have found the following course of procedure most useful, in allaying the excitement, and in restoring the general vital equilibrium, without leaving any bad effects, or inflicting permanent injury, as bleeding and other perturbative measures so frequently do.

When the convulsions are connected with vascular engorgement of the cerebro-spinal system, as indicated by the congested eye, flushed face, and, in infants, by the fuller distended fontanels, and other well known symptoms, besides the enemata, sinapisms to the extremities, or mustard pediluviæ, etc., I apply sinapisms or other counter-irritants to the whole surface of the spine, from the occiput to the sacrum, and administer aconite internally. For children, I prefer the tincture of the leaves, as it can be given more freely, with less danger of over-drugging. It should be administered in small and somewhat frequent doses, according to the age of the patient, and necessity of the case. Thus, one drop every hour, or more or less frequently, according to circumstances, to a child one year old. The effect of this remedy, in allaying nervous excitement, reducing the action of the heart and vascular system, in resolving congestion, and in subduing spasmodic action, is sometimes strikingly shown in the speedy disappearance of the blood from the eye, the calming down of the general system, and the subsidence of the spasms.

The veratrum viride is also another very powerful arterial sedative, and anti-spasmodic, applicable to these cases, and no doubt would often prove useful, either alone, or where smaller doses were preferred in combination with the aconite.

When the case is severe or very urgent, and even the small doses of these remedies cannot be so readily introduced into the system, or act with sufficient promptitude, the use of chloroform by inhalation, would be indicated.

Another apparently valuable method of resolving these and other congestions of the head and spine, as well as other parts of the trunk, is by the process termed *hæmostasia.* which is by ligating the limbs, and thus retaining the blood within them, and reducing the quantity of that fluid in the body proper.

Hence, acting as a diverticulum, in withdrawing it from the affected organs.

Still another, and what promises to be a much more efficient plan, is by the method called *hæmospasia*, which acts on the principle of "dry cupping on a large scale," in withdrawing the blood to the surface and extremities. But the difficulty with this is that it cannot be so readily resorted to in private practice. It is, however, only noticed here to direct more attention to it, in the hope that it may be rendered more practical.

In those cases dependent more especially upon cerebro-spinal congestion, cold applied to the spine, by means of ice and other agents, promises to be of much value, as it is a standard remedy in cerebral congestions and inflammations. Besides the evidence of experience itself is in its favor, as it has been successfully employed, not only in infantile spasm, but in tetanus, that most intractable of all convulsive affections.

In those cases in which the convulsion appears to be more exclusively connected with sympathetic irritation, or undue excitement of the general nervous system, hop poultices or other anodynes and anti-spasmodics, applied the whole length of the spine, in conjunction with the internal use of aconite or morphia, or the inhalation of chloroform, will usually soon quiet the system, and check the spasm.

The susceptibility to nervous excitement or convulsive action is, however, often more or less connected with general adynamia; and in these cases as well as in all others of irregular innervation from general debility, applications down the spine, of the stimulant anodynes and anti-spasmodics, with the judicious internal administration of the same, will generally have the desired effect. In this variety, the inhalation of ether, or of ether and chloroform combined, might sometimes be resorted to with advantage. Here, however, an after effort should always be made to overcome the predisposition, by a general tonic course of treatment.

Where the tendency to spasm is very active, and persists for any length of time, permanent counter-irritation down the spine, in conjunction with appropriate internal medication, will be indicated.

As a general thing, then, in spasms dependent upon vascular and nervous excitement, with congestion of the cerebro-spinal axis, counter-irritation by sinapisms, dry cups, or other means, to the spine, or the application of cold thereto, with the internal administration of aconite, or veratrum, or the inhalation of chloroform, will be most applicable. In addition to these, the treatment by the hæmostatic or hæmospastic process may also be put into practice.

In those cases in which nervous excitement predominates, the hop poultice, or other anodyne application to the spine, with the internal exhibition of aconite, morphia, or chloroform by inhalation, will be more strongly indicated, presupposing, of course, in the sympathetic irritation, the removal of the offending cause.

In those cases connected with exhaustion or debility, the application to the spine of hops and garlic, or other anti-spasmodics, either separately or combined, with appropriate internal remedies, will be better adapted to fulfil the indications.

In fact, in all cases attention should be particularly directed to regulate and harmonize the circulation and innervation, and to tranquilize the general system, by suitable external and internal medication, with the non-spoiliative, arterial and nervous sedatives and anti-spasmodics, according to the character, stage, type, intensity, complications, etc., of the derangement.

This plan of influencing the nervous, arterial, and general system, by medicating the spine, is of extensive application, and will often be followed by very beneficial effects. In one case of low fever, in which the patient was *in extremis*, the scale appeared to be turned in favor of recovery by the efficient aid obtained from the free use of spice plasters to the spine.

These very general and desultory remarks on infantile convulsions, are not designed to cover the whole ground, but merely to invite attention to some few points not noticed in the recent discussion on that subject.

An Extraordinary Case of Hernia.

By T. C. Rogers, M. D.,

of Willow Grove, Delaware.

Sept. 18th, 1857. I was summoned to visit Jonathan Jackson, who now resides near Magnolia, Del. On my arrival, I obtained from one of his relatives the following synopsis of the antecedent history of his case, viz: "That some two months or more since, whilst lifting a heavy weight, he felt something give way in his right groin and abdomen, which in a few hours produced all the usual symptoms of incarcerated hernia. A physician was sent for, who pronounced it such, but could not succeed in reducing it. A consultation was called, and both together succeeded in the reduction. The patient was ordered to wear a truss, one of the surgeons remarking that 'he would soon be as well as ever, at least well enough to get married in a month or two,' as was his expectation, though he was 64 years of age, and a bachelor! Patient, prior to this affliction, had enjoyed excellent health. A few weeks after this, he grew worse than ever. The same physicians were called in, and after treating him for some time, wrote his *will*, and abandoned the case."

Having been called to the case, on examination I found five patelliform orifices, three in the right hypogastric and pubic regions, and one in the right iliac and abdominal regions, respectively. All the orifices discharging (at intervals) fecal matter, together with particles of undigested beef, cabbage and potatoes, which a kind lady had given him some hours before, as she said "to resist mortification, *cool* his *fever*, and keep him from sinking!" Not only a large portion of the omentum and intestines had sloughed away, but also the penis, scrotum, muscular and other tissue surrounding the pelvic extremity of the right femur and os innominatum, had shared the same fate, to a great extent, leaving little behind but the blood vessels, and nerves, etc., which it is known are the last to resist mortification.

I supposed that death was almost inevitable, but as he was able to whisper the following into my ear, I determined to do all I could: "Rogers, kill me or cure me; you and the devil for it!"

After using some three or four disinfecting agents, in connection with other auxiliaries, the atmosphere of the apartment became quite endurable to what it had been. I then gave him the following:

℞ Sp. vin. Gal. f℥ iv.
Morph. sulph. gr. iij. M.

Next, with a strong solution of Castile soap in water, aided by sponges, I succeeded in eradicating the foul accumulation in and about the gangrenous parts. Lastly I poured from one to two tea-spoonfuls of ol. terebinth., into each one of the five orifices, and plugged them up with white silk lint, previously sprinkled with sulphate of morphia, and saturated with a mixture of olive and linseed oils, then applied compound resin cerate to all the ulcerated parts, collodion on the surrounding inflamed surfaces not abraded, and adhesive plaster over all the affected parts, the right leg being kept in a flexed position.

As our worthy editors have enjoined brevity on their correspondents, we will not follow the details further. Suffice it to say, that both internal and external remedies were used as the nature of the case appeared to demand from day to day. Gangrene was arrested adhesive inflammation supervened between the walls of the abdomen and intestines, or the unobliterated parts of them; the excrements evacuated in the natural way in lieu of the artificial; all the apertures and denuded surfaces healed up; and by the first of the following January, he was able to attend to his usual avocation. He required little or no treatment from this time (January) until the ensuing June, when he inadvertently, by over exertion, ruptured the primary-orifice in the right groin. A male catheter could be introduced. The oozing was soon checked by appropriate applications, solid union was soon effected, by the use of a stimulating ointment, and touching the parts a few times with nitrate of silver.

Five months have elapsed since his full recovery. All the disintegrated parts present a

natural appearance, only the right side of the abdomen is smaller than the left, and cicatrices of the closed orifices remain, but like the other parts are covered over with hair. Patient says he feels as well as ever, and expects soon to be married.

Thus we have given the brief history of a case which surely verifies the adage, "As long as there is life there is hope." And moreover, that physicians and surgeons should guard against "giving up a case," even though the prognosis may forbode the most gloomy result.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

SATURDAY, DEC. 4.

Service of Dr. Wood.

Reported by T. A. Demme, M. D.

Pathological Specimen.—The lungs of a patient that died of phthisis were shown to the class. The pathological appearances of the respiratory organs in these cases are too often seen not to be familiar to all. Dr. W. remarked upon the utter impossibility of inhalations curing consumption. Under certain circumstances the bronchial mucous membrane may be beneficially impressed by vapors or gases inhaled, but it is useless to expect that the proper lung tissue can be permeated by the substances inhaled; yet it is generally in the pulmonary tissue itself that tuberculous deposition occurs.

It is therefore probable that the greatly vaunted results of these remedies in certain cases of phthisis, have been owing to their effect upon the bronchial inflammation which is so apt to occur during the progress of this disease.

[There is probably not another disease for the cure of which physicians are so apt to forsake general principles, and rely, plainly speaking, upon specifics. At one time, inhalations were with many, a *sine qua non* in the treatment—then cod liver oil was regarded as the sheet anchor—and latterly the hypophosphites have been vaunted as the surest preventive of the numerous bills of mortality from consumption. Now, Dr Wood demonstrates the inutility of inhalation. Dr. Samuel Jackson at the head of an army of others, deny any peculiar properties to cod liver oil, whilst a host bear testimony against the hypophosphites. We do sincerely believe that quinia and iron with proper hygienic directions to the patient, and a firm reliance upon general principles, have enabled us most successfully to combat this terrible foe.]

Metastatic Abscesses.—A colored man was presented to the class, who entered the Hospital convalescing from enteric fever, but upon whose shoulder a large abscess had formed, and within the last few days upon each thigh a large and very painful swelling has appeared. In one of these, fluctuation can be now perceived. There is therefore a tendency to the formation of abscesses. It is an interesting question what is the cause of this tendency.

It is my opinion that the blood is affected, that there is a purulent infection of the blood. The ulcers of the intestines, consequent upon, or coincident with enteric fever, have no doubt in this case gone on to suppuration, and some of the pus has been absorbed.

Treatment.—This is a constitutional affection, and it is probably good for the patient that these abscesses should form.

The indication is to support the strength: he is taking quinia, nitro-muriatic acid, opium and a good nutritious diet.

Inflammation of the brain.—A middle aged colored man was next brought before the class.

He has had an obstinate severe pain in the head for four weeks; he then became extremely restless, and somewhat delirious; pulse frequent but feeble; tongue disposed to be much furred and dry; bowels loose; there was also a marked tendency to draw the head back.

The question that first occurred was, is this a case of cerebral disease or of enteric fever.

That there was inflammation of the brain, I have no doubt, his pain, delirium, tendency to hold the head back, were all diagnostic.

Treatment.—His pulse indicated great weakness, and we in consequence resorted to stimulation. A wineglass of milk punch every four hours; an anodyne enema was also administered; whilst as a revulsive the whole head was blistered. Under the treatment he has rapidly improved.

It is remarkable that this is the fourth case within one month where a blister was imperatively demanded.

Diabetes.—The patient laboring under dia-

betes mellitus (see REPORTER, p. 158,) was again brought forward. He appeared to us somewhat improved.

The other day he declared an utter inability to eat meat. I then thought I would allow him some potatoes, as being both nutritive and anti-scorbutic, the yeast being continued. He apparently immediately improved, his urine being reduced to two quarts a day. My theory is that the yeast has enabled the potatoes to undergo all the necessary changes incidental to normal digestion. He soon became tired of the potatoes, when we substituted rice, and the urine very soon increased in amount: why, we cannot say, for we would expect the rice to undergo the same changes as the potatoes.

He now passes five quarts a day.

Orchitis —This patient about a month ago, suffered from an obstinate diarrhœa. The disease yielded to treatment, but a painful swelling of the testicle came on. This is, therefore, orchitis.

Treatment.—Leeches were freely applied, and then cooling applications, which were succeeded by the flaxseed poultice.

If in inflammation of the testicle you fear suppuration, do not apply poultices; for by their sedative influence they weaken the part, and hasten the suppurative action. He was also kept upon a low diet, and actively purged.

The organ is much diminished in size in comparison to what it was. As there is still hardness present, we order the part to be freely rubbed with the ointment of iod. of potas.

Service of Dr. Norris.

Un-united fracture of the Humerus.—The patient, a strong, healthy looking man of about forty, entered the hospital on the 24th Feb., of this year, in consequence of an ununited fracture of the middle of the humerus.

Upon the 25th of Nov. 1856, he was run over by a heavy cart, and received a compound comminuted fracture of the humerus.

In consequence of the severity of the injury, the arm was placed in a fracture box, and enveloped in bran.

The man asserts that during this treatment several pieces of dead bone came away. After about four weeks, splints were applied; but union of the fragments did not occur, and the poor fellow was informed that he had a false joint at the seat of the injury. Upon the sixth of March last, Dr. Peace performed Dr. Brainard's operation for ununited fracture. The extremities of both fragments were drilled through a number of times, in the hope of exciting a sufficient degree of inflammation to produce exudation and the subsequent processes incidental to the healing of fractures.

During the operation it was noticed that the bone was softened, and in many places inclined to crumble very easily. For some days the case progressed very favorably, no pain or constitutional irritation: but he suddenly complained of great pain in the arm, and upon removing the dressings it was found much swollen by erysipalatous inflammation. We gave the tinc. of the chloride of iron, together with good diet, etc. His strength rapidly failed, and great apprehensions were entertained of the issue.

After a siege of twenty-two days he was pronounced free from danger, but the ununited fracture remained the same.

This man is again before us, asking us to do all for him that we can.

From a review of the history of the case, I am not inclined to anticipate much from any operation. At present we shall ascertain how far splints, serving the purpose of an artificial humerus, will enable him to recover the use of his arm.

WEDNESDAY, DECEMBER 8TH.

Service of Dr. Wood.

Paralysis.—A young girl with paralysis of sensation and motion in the lower extremities was brought before the class.

The question that at once occurs to us is, the cause of the paralysis. It is either cerebral or spinal disease that has occasioned the present condition of the patient.

If the primary disease is cerebral, we would expect, even if sensation in the limbs is annihilated, that upon tickling the soles of the feet the limbs would be drawn up. This movement, under the circumstances of the case, is a reflex movement, occurring under the nervous control of the spinal marrow. If, however, the spine is diseased, this reflex action will not occur.

In this case, upon tickling the soles of the feet, *no* reflex action occurs. We infer, therefore, that there is disease of the spinal cord. Our diagnosis is strengthened by the fact that the patient has had great pain in the back, increased by pressure.

There is here inflammation of the membranes of the spinal cord—scrofulous, we infer, considering the age, complexion, etc., of the patient.

Treatment.—Obviously, leeches, cups, etc., to the part of the spine affected, whilst cod-liver oil, iron, etc., are given for their effect upon her constitution.

Enteric Fever.—A patient just entering the hospital, was brought into the amphitheatre.

Such a case is of great interest to the student; for he and the professor before him are upon the same footing, both seeing the patient for the first time.

Dr. Wood, without drawing a single inference from any of the answers to the questions given, suddenly addressed the class—

"Gentlemen, what disease have we here?"

"*Enteric Fever,*" resounded throughout the room.

The man has been in bed for five days, but for some time has felt a general weakness and malaise; has looseness of the bowels. There is great dullness of mind. The face is dark, dusky, somewhat flushed; pulse not more than ninety; tongue dryish and covered by a whitish yellow fur; abdomen meteoric, and here and there rose-colored spots.

This man is probably in the 12th day of his sickness.

Treatment.—

℞. Pil. hyd. gr. j.
pulv. opii.
" ipecac āā gr. 1-6. M.

To be given every two hours.

Treatment of Chronic Rheumatism.—A number of cases of this affection were shown; some of the cases having been of years' duration, with limbs swollen and joints distorted.

These cases, which are by many regarded as hopeless, are under treatment, improving. By this treatment, I would impress upon you, over and over again, have I relieved such cases of chronic rheumatism. When the disease is fixed permanently in one or a few parts, and does not change, I believe that it is kept in existence by local action only, and to overcome this abnormal local action, repeated *blistering* is incomparably superior to all other remedies. The part should be covered with the blister, and as quickly as one heals, it should be followed by another.

WEDNESDAY, DECEMBER 8TH.

Service of Dr. Norris.

Wound of the Scalp.—A man was brought before the class, having just received a severe blow upon the head. The scalp was much torn and bruised.

It is very important in these cases to examine if there is any fracture of the cranial arch; this examination should be made by the finger, not by a probe.

If there is a *depressed* fracture, it is, I think, safest to operate immediately, to elevate the depressed fragments, even if no signs of compression of the brain are present. In this case we have no fracture; the wound of the scalp is dressed with adhesive plaster. Never attempt to bring the cut edges of the scalp together by means of sutures; for you will almost invariably have erysipelas setting in.

Fracture of the Skull in a Child.—One of the most pitiable objects that we have ever seen was presented, in a little child about six years of age, that had been thrown down and trodden upon by a horse. The outline of the horse shoe was stamped into the flesh and bone of the child's head. There was a simple fracture of the os frontis, and along the arc of the wound, in many places, the bone was denuded of periosteum. The bone in several places was doomed to necrosis. To what depth the death of the bone will take place, we cannot say, but upon the greater or less depth hangs the child's life.

Treatment.—Obvious: where necessary, adhesive plaster, and over the whole, damp cloths.

A number of cases of injuries to the hands were presented.

In the treatment of all these injuries the surgery was eminently conservative.

The interesting case of severe gun shot wound of the wrist joint, previously reported, (see report of Nov. 6th, p. 129,) where an almost desperate attempt was made to avoid an operation, was brought before the class, with the gratifying information that the hand was saved.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

WEDNESDAY, DECEMBER 15.

Service of Dr. Henry H. Smith.

Cold Abscess of great size.—A middle aged woman presented a huge tumor in the right thigh just below the groin. It was first noticed four months ago, being at that time about the size of the end of the thumb. It rapidly enlarged, and is now fully the size of the head of a child six years old. The skin over it is not discolored or congested, nor is it

adherent to the subcutaneous tissues. Careful examination readily detects a well marked sense of fluctuation. The case was, in all probability, one of *cold abscess*. Careful examination of the vertebral column had been instituted, and the condition of the hip-joint had been investigated. No morbid process had, however, been detected in these situations to account for the collection of pus. The abscess might perhaps be based upon disease of the lymphatic glands of the groin. No positive opinion would, however, be given, and the case would be reserved for further and more deliberate examination. This case was made the text of a series of remarks upon the difficulties in the diagnosis of tumors Dr. Smith said that, he wished to impress upon the class, that any thing like accuracy of diagnosis in this class of affections could only be arrived at by the most thorough, careful and pains-taking investigation of each case. Those who trusted to what might be called their intuitive perceptions, and jumped at conclusions after the most superficial examination, might occasionally happen to *guess* correctly, but frequent failures could not fail to result.

He assured the class, that even after the most careful examination, in some cases, it was quite impossible to arrive at accurate conclusions until after the performance of an operation. The errors in diagnosis, which had been made by the most distinguished European surgeons, would justify this remark, and whoever engages largely in surgical practice would daily experience its truth.

SATURDAY, DEC. 18.

Service of Dr. Henry H. Smith.

Soft Cataract.—Operation.—A young man, laboring under a well marked soft cataract of the right eye, was brought forward to be relieved by an operation, which was performed by Dr. Agnew at the request of Dr. Smith. The operation of *absorption* was selected by him, because the cataract was evidently very soft. Dr. Agnew said that care was requisite in selecting the point at which the cataract needle was to be introduced. The proper spot was just behind the junction of the cornea with the sclerotic coat, the needle could then be carried behind the iris into the posterior chamber of the aqueous humor. Should it be introduced anteriorly to this, there was danger of wounding the iris; should it be introduced at a spot too far back, there was danger of wounding the cilliary processes. The needle being carried in far enough to be visible through the pupil (which should be dilated by the application to the lids and brows of soft extract of belladonna previously to the operation) should be inclined backward, and made to lacerate the capsule and break up the lens. The capsule lacerated, the aqueous humor comes in contact with the lens, upon which it exercises a solvent action. The lens ultimately disappears, and the rays of light are again enabled to infringe upon the retina. The patient is thus cured as far as he can be, but is ever after obliged to wear a convex glass, (cataract glass,) in order to obtain distinct vision.

The importance of proper *preparatory* measures and of judicious *after-treatment*, was insisted upon at large, and the operation having been performed, the patient was handed over to his family physician, who kindly undertook the charge.

As the cataract in this case affected the *right eye*, Dr. Agnew, (who is completely ambidextrous) handled the needle with the *left hand*. *Ambidexterity* cannot be too carefully cultivated by those who would ensure surgical success.

Papillary growth on fore-arm.—Excision.—An old lady presented a florid excrescence on the right forearm. It was oval in shape, about the size of a quarter of a dollar at its base, and rather larger at the summit, being three-fourths of an inch in height. The growth had been formerly shaved off, but had recurred after the operation. Dr. Agnew said that it consisted probably of hypertrophied cutaneous papillæ, and, the patient being etherized, he proceeded to remove it by two elliptical incisions, including, with the growth, some of the surrounding healthy skin, which with the subcutaneous fat was dissected away down to the deep fascia of the forearm. A ligature having been applied to a small vessel which bled freely, the edges of the wound were brought together by three hare-lip pins, supported by adhesive strips, and dressed with a cerate cloth, compress and bandage.

Cold Abscess in the Buttock—Evacuation.—A little girl was brought forward by Dr. Smith, who had a large chronic abscess in the right buttock. This patient has been under treatment at the University for a short time, for anteri-posterior curvature of the spine. A careful examination has not detected any hip-joint disease, and there was no positive evidence that the abscess was connected with the

spinal disease. But although it was not in the position in which we would expect to find it, if such were the case, this possibility must not be overlooked. At one or two small points there was a degree of redness and tenderness, which renders it probable that if the abscess was left to nature it would evacuate itself spontaneously in a few days.

As in this case several fistulous orifices would probably be made, it was best to anticipate the natural process by making a valvular opening with a narrow bladed bistoury, and thus evacuating the fluid contents.

This was accordingly done, and more than half a pint of pus was discharged. The small wound was then closed by a strip of adhesive plaster, supported by a compress and bandage.

Onychia.—Extirpation of the Nail.—Dr. Smith next presented a boy about 7 years old, laboring under well marked onychia of the middle finger of the right hand. The case was of more than four months standing, and had resulted from an injury.

The child being etherized, Dr. Smith removed the diseased nail, and cauterized its matrix thoroughly with nitrate of silver. The finger was then covered with a piece of lint, spread with cerate, which was retained by a finger bandage, and would be poulticed after the child returned home, after the inflammatory action developed by the operation, had been subdued, lateral pressure, with adhesive strips would be employed to complete the cure.

HOSPITAL OF THE JEFFERSON MEDICAL COLLEGE.

WEDNESDAY, DECEMBER 15.

Service of Dr. Dickson.

Chronic Erythema.—Barney B. was put on the use of the liquor potassæ arsenitis several weeks ago, having presented himself at that time, suffering from chronic erythema, which supervened upon exposure to great heat. At first it assumed an erysipelatous appearance, and the skin became roughened and indurated. It is in these chronic cutaneous diseases, which seem stereotyped on the patient, that arsenic is often a valuable agent. In a protracted case of measles, the eruption of which lasted for eighteen months, the arsenical solution was employed with marked advantage. The treatment must be continued, and oleum morrhuæ be added to it. Cod-liver oil, employed in cutaneous affections, both externally and internally, is productive of decided benefit. In this instance, it will be prescribed internally only.

Cramp depending upon Muscular Exertion.—Hugh D., aged 48, had suffered for a long time from cramp in the leg, the pain not being constant. His occupation is weaving, and he is obliged to use his legs very much. The pain never recurs except after fatigue, or at the end of the day after working at the treadle in weaving. The cramps are evidently produced by muscular exertion, and such cases may often be relieved by the pressure of a bandage carried up to the knee. Sometimes the active use of a muscle at a distance from the seat of cramp, may exert a sort of revulsion by calling off, as it were, the nervous concentration from the part affected. The old superstitions in regard to the cure of cramps by an eel-skin applied around the leg, or by a roll of sulphur worked violently in the hand, may be explained in this way. The patient must take no medicine, and must lie on his side in bed, with his legs drawn up. Frictions sometimes afford relief, but the bandage alone will probably be of much service.

SATURDAY, DECEMBER 18TH.

Periodical Chills and Headache.—Jane B., aged 35, has had chills recurring regularly every day; sometimes in the morning; at other times in the afternoon, occasionally accompanied with fever. Pain is experienced about noon over the forehead, the headache being frequently associated with nausea. The tongue is enlarged, soft and swollen, a condition indicating great disorder of the gastric secretions. Usually, the latter are in increased quantities, and when, in this case, vomiting takes place, a sour liquid is thrown up. The bowels are occasionally constipated. A mercurial cathartic will be the best form of purgative medicine to employ, together with some preparation of cinchona, as periodicity is strongly marked in the regularity of the chill. Disease of opposite and unconnected character, into which periodicity enters, as a prominent characteristic, seem to yield to the antiperiodic powers of quinia. The preparations of cinchona have been employed in almost all nervous affections, but in some, as epilepsy, they seem to have failed to exert any beneficial agency. By breaking in upon the chain of morbid phe-

nomena, we can frequently give nature a new foothold, and destroy the disease.

R. Quiniæ sulphatis gr. ij.

To be taken three times daily.

R. Pilul. hydrargyri gr. v.

To be taken to-night.

Neuralgia has so often been controlled by cinchona, that it has been considered by some writers to be a malarious affection. But it is not necessary to adopt any such hypothesis, for its action here is not at all more obscure than in malarial fevers.

Headache, with Nausea, &c.—Mary J., aged 42 years, has had for a long time violent pain at the top of the head. The pain is very severe in some cases at the vertex, and very circumscribed. Vomiting relieved her, but she suffered from nausea and constipation. The tongue does not indicate any morbid condition of the stomach. Headaches of old age are very difficult to cure. Purgation and a tonic treatment must be employed.

R Ferri sulphatis gr. ij.
Rhei. pulv. gr. iij.
Aloes, gr. j. M.

Three of these powders must be taken a day, unless the cathartic action should be too decided.

Other Cases Presented.—Cases of chronic pneumonia, influenza, vertigo with anæmia, chronic laryngitis with pharyngitis, lumbago, and intermittent fever without enlargement of the spleen were also brought before the class. Several of these have been previously described.

WEDNESDAY, DECEMBER 15.

Service of Dr. Gross.

Caries of the Tibia.—Robert H., aged 8 years, has had for three months an inflammation of the calf of the leg, apparently of an erysipelatous character. Matter has formed and been discharged, the openings being still visible. The appearance of the limb indicates the existence of disease of the bone. The discharge through the cloacæ is of an unhealthy character. The rule in regard to the removal of dead bone is, that we must wait until the pieces are sufficiently detached. When the proper time arrives, the cloacæ must be connected by an incision, and the detached piece removed by forceps, chisel, etc. The probe, when introduced through one of these openings, grated on a rough surface, showing the periosteum to be destroyed over a large extent of the bone. There is more of caries than necrosis in the present instance. Of the distinctive characteristics of the two affections we shall hereafter speak. The patient being chloroformized, small superficial pieces of bone were removed, larger portions not being sufficiently detached to justify removal *en masse*.

Dislocation of the Thumb.—Neil McK., 24 years of age, in a fight, four months ago, dislocated the metacarpal bone of the thumb backwards upon the dorsal surface of the trapezium. Shortening was the result, with inclination of the thumb towards the palm of the hand. The luxation was reduced at the time, but the use of the thumb was materially impaired. A grating sensation exists upon motion, but this arises from the deposition of lymph around the joint. It is a plastic crepitation, as in inflammation of articulating surfaces, synovial bursæ, etc., and differs from that rough, distinct sensation after fracture of bones.

The hot douche followed by the cold, friction with spirits of camphor, turpentine, or soap liniment, and gradual, easy motion, to prevent ankylosis, should be perseveringly employed.

Other cases presented.—Several other cases, some of them exhibiting the results of former treatment, were brought before the class; such as hydrocele, and the method for its permanent relief; inguinal hernia, to exhibit the proper way of wearing a truss; transverse fracture of the patella, followed, apparently, by bony union, although the connection formed between the fragments is generally fibro-cartilaginous, &c.

SATURDAY, DEC. 18.

Granular Conjunctivitis.—A woman, — years of age, has suffered from inflammation of the eyes for three months. No cause is assigned by the patient. The left eye especially is painful, and the eyelids are found in the morning adherent by a thick, copious secretion. She has dimness of vision and photophobia. The eyes do not water much, but smart in the evening. The pain is deep-seated in the ball of the eye, and at night frequently prevents her from sleeping. The eyelids are very red, and their surface is covered with granulations, similar to those of healing ulcers. The case is one of granular

conjunctivitis, not at all an unfrequent affection, and in many parts of the United States, especially along the western water-courses, often epidemic. The granulations are the natural papillæ hypertrophied, a consequence of inflammation. These irritate the ball of the eye, and render the cornea opaque. The latter frequently sloughs, and the delicate structures of the eye suffer morbid changes from the pressure of the granulations. The discharge is always viscid and agglutinating. Pain often extends over the forehead, temples and cheek, and hemicrania follows in many cases, the scalp being very sensitive to atmospheric changes and external pressure.

The difficulty in treating these cases is to keep the surfaces apart. Rapid cures may often be effected, if perfect separation is practicable. Generally the progress towards a cure is tedious, and the patient must be forewarned in regard to it. The bowels must be attended to, a saline and antimonial treatment be adopted, and if a rheumatic diathesis exists, as in the present case, colchicum must be administered. The local applications are as follows: Sulphate of copper in stick, freely used; the redundancy of the salt being washed away with a sponge and water squeezed over the eye. The copper will be diffused over the ball and lids, if applied to one lid only.

☞ *In consequence of the crowded state of our columns, we are compelled to withhold a portion of these reports till our next issue.*—EDS.

HOSPITAL OF PHILADELPHIA MEDICAL COLLEGE.

TUESDAY, DEC. 7.

Service of Dr. Halsey.

Herpes.—A child 8 years of age has herpes labialis affecting nearly the whole of the upper lip and side of the cheek. This is a very common affection among children who eat a large amount of animal food, particularly salt meat. It occurs, also, from the effects of cold, and frequently at the breaking up of fevers. Treated by salines and alkaline washes.

℞. Carb. soda, ʒj. to fʒij. of water. Take a teaspoonful three times a day. Also, liquor sodæ chlorinatæ, fʒss. to water ʒij. Use as a wash.

Compound Wound of a Joint.—A laborer having injured the second phalangeal joint of his little finger, was introduced. The whole extent of the joint was opened, and suppurating freely. Two weeks ago a board had fallen on it, and produced the injury. On account of a severe injury the patient received several years ago, this little finger became anchylosed at the first phalangeal joint, and the other fingers were much contracted. Amputation of the injured finger above the metacarpo-phalangeal joint was performed.

Follicular Inflammation of the Fauces.—The patient, a female, aged 28, has had a sore throat, more or less, for several years. On every occasion that she takes cold, or suffers the least exposure, her throat becomes inflamed. She has frequently a cough, which is occasioned by the feeling as if there was a small hair or sharp briar irritating or sticking in her throat.

Upon examination, the fauces are found to be very red, the mucous membrane studded with little eminences, which are the inflamed follicles, and the blood-vessels are seen very considerably enlarged, and coursing in every direction in the diseased parts. The tonsils are also found most generally to be more or less increased in size, and their surfaces covered with enlarged follicles, some of which are sometimes filled with inspisated mucus. The uvula and palate are nearly always inflamed, and the former very much elongated. When this condition becomes permanent, as it frequently does, it is necessary to remove the excess of length. Although there is nothing in the nature of this disease which is likely to prove very serious, yet it is exceedingly annoying to the patient from its persistency, and the little effect common remedies, or the ones generally used to treat sore throats, have upon it.

The best treatment, and almost the only one that proves successful in curing this complaint, is to swab the parts with a strong solution of nitrate of silver, from ʒj.—ʒij to fʒj. of water. This is best done by a sponge probang. The application should be made two or three times a week. Frequently two or three applications made in this manner will cure a disease that has been standing for several years, and resisted every other means of treatment.

☞ *A portion of this report is necessarily laid over till next week.*—EDS.

Reviews and Book Notices.

A Treatise on Fractures. By J. F. Malgaigne, Chirurgien, de l'Hôpital Saint-Louis, Chevalier de la legion d'Honneur et du Mérite Militaire de Pologne, Membre de l'Académie de Médicine. With one hundred and six illustrations. Translated from the French by John H. Packard, M. D. Philadelphia: J. B. Lippincott & Co. 1859.

It is remarkable that our own surgical literature has not produced a systematic treatise on fractures.

Considering the attention which American surgeons have given to the subject, the acknowledged mechanical and inventive character of our countrymen and its results in effectively improving the mechanism of fracture treatment, we cannot but admit that there is a void left by our surgical writers, and which we think is not likely to be well supplied by any foreign author.

The subject of fractures, although rated opprobriously as *minor* surgery, we consider of major import to every practitioner. Their treatment can never become in this country the peculiar domain of the surgical specialist, and the increasing causes of the injury from the multiplying uses of machinery and other agencies, make a knowledge of the subject indispensible to the whole medical community. As a field for research and experiment, there is none in which labor may still be more profitably expended, for the pathology of many fractures is still obscure, and the method of treatment anything but satisfactorily defined.

For Anglicizing and Americanizing the present volume, the profession in this country will, we think, acknowledge an indebtedness to the intelligent translator, and of the manner in which he has accomplished the task we have little but in commendation to say.

The original "Treatise on Fractures and Dislocations, by J. F. Malgaigne," in two volumes, of which the present translation on fractures is the first, appeared in Paris in 1847, accompanied with an atlas of lithographic drawings. It is the only systematic treatise on the subject in the French language, and is the standard authority and text-book.

The text has been fairly rendered by the translator with as strict adherence to the original as idiomatic peculiarity will allow. His additions to the work are generally in the form of notes referring to cisatlantic views and practice. They are numerous and practical, and the relations of cases which have generally occurred in the Pennsylvania Hospital are brief and to the point. There is also added an index, and a list of the literature of the subject.

The work has been thoroughly *translated*, leaving fewer passages to affectedly stand in the original than is frequently, but we think with impropriety, done. We do not believe that the paucity of the English language for expression will prevent a comprehensible rendering of any of an author's statements, and think that a translation should be a complete *interpretation*. With the exception of the occasional occurrence of the French expressions for weights and measures, for an understanding of which the translator troubles the reader to refer to a table of English equivalents, and a few passages which he charitably translates at the margin for those uninitiated in Gallic lore, this volume has little in that regard to be complained of.

The beautiful large lithographic drawings which accompany the French work in an atlas, appear as cuts appended to the end of the present volume, and have necessarily suffered severely by the reduction. The abrupt lines of the wood cut make a poor imitation of the delicate shadings of the lithograph. Some of the cuts are for this reason incomprehensible or incorrect, as figures 13 and 14—the latter of which looks like a *partial* fracture—and all on plate 8.

The illustrations, the translator says, are "for *greater facility of reference* collected at the end of the volume instead of being interspersed throughout the text."

In this we think his readers will not agree with him, as it is certainly more convenient to have them, to use a fracture term, in "apposition" with the matter to be illustrated.

The facilities for illustration afforded by modern improvements in the graphic arts should induce the public to require all works on practical subjects to be thoroughly illustrated. In this work the illustrations are only of the pathology of fracture, and with the exception of two engravings, one of which is introduced by the translator, the treatment of fractures, apparatus, &c., are entirely without illustration. It is impossible to make fracture apparatus and dressings intelligible to a reader without drawings.

We notice in this book, as in many others, the absurd and monotonous repetition of its title at the top of every page, instead of giving the subject treated of, or at least the heading of the chapter.

The book is in the usual good style of the

enterprising publishers, and we recommend it to the physician and student as the most comprehensive, systematic, and practical treatise on the subject in the language. L.

Editorial.

MEDICAL SERVICE IN THE NAVY.

The Hon. Isaac Toucey, Secretary of the Navy, in his Annual Report for 1858, states that the present effective strength of the medical corps of the navy does not exceed 59 surgeons and 70 assistant surgeons. "The wants of the service for the ensuing year [1859] will require for duty at sea, 39 surgeons and 70 assistants; for shore duty 26 surgeons and 17 assistants; making a total of 65 surgeons and 87 assistants, required for active duty. This deficiency in the medical corps of the navy cannot be neglected without subjecting the lives of those engaged in this branch of the public service to unreasonable and culpable exposure."

The aggregate number of medical officers required for active duty is 152; but the aggregate number now in the navy is 149, and of these at least 20 are incapacitated for active service.

In the year 1815, the aggregate number of medical officers was 120. Since that time the number of captains has been increased from 32 to 76; of commanders from 18 to 106; of lieutenants from 140 to 327; but the medical corps has been increased from 120 only to 149.

For these reasons, among others, the Secretary recommends Congress to make an addition of 20 surgeons and 20 assistants to the medical corps of the navy. "With that number the stations on shore and vessels at sea may be supplied, and a short interval of relief from duty allowed an officer on his return from a cruise."

To supply the deficiencies arising from deaths and resignations, the appointments have been from 6 to 8 yearly. But if Congress should increase the medical corps in accordance with the recommendation of the Secretary of the Navy, it is probable that about fifty young gentlemen will be appointed to meet the demands of the service during the year 1859. Candidates for admission into the medical corps of the navy will not often find a more favorable opportunity. It is presumable, therefore, that a considerable number of the students now preparing in the several colleges of this and other cities, to graduate next spring, will apply to the Secretary of the Navy for permission to be examined by the Board of Naval Surgeons, which is usually convened about the close of the lecture season, to select persons suitable for the office of assistant surgeon in the navy. It is understood that the Board selects the number required for the year, from those examined. The places are put up for competition, and are given to those best qualified in all respects; but no one can incur the odium that is supposed to attach to an absolute rejection, though he may feel a little chagrined to find that his competitors have been more successful than himself.

The government seeks to employ in the medical department of the army and navy only those who are properly qualified to practice medicine and surgery advantageously to the thousands of our fellow citizens, soldiers and sailors, officers and privates, engaged in its military service, whose lives are frequently contingent upon the professional knowledge and judgment of their medical advisers. Without the chance of consultation with experienced practitioners, the assistant surgeon may be required, immediately after appointment, to operate, to dress wounds, and prescribe for the sick. Responsibilities, anxieties and labor belong to the position.

The qualifications necessary to fill the office in the navy are vigorous health, a sound condition of all the senses, an orderly, quick intellect, and integrity of moral character. The age of the candidate must not exceed twenty-five years.

The young medical officer is required to keep a professional journal, a register of the names, etc., of patients treated, a record of expenses incurred on their account, and to prepare from these periodically, reports in tabular form, for the information of the gov-

ernment. For this reason, it is very desirable that he should be able to write English correctly, legibly and readily, and understand very accurately the primary rules of arithmetic and the statement of ordinary accounts.

As he is often under the necessity of putting up his own prescriptions, he is expected to be familiar with the physical properties of drugs in common use, and the methods of weighing, measuring and compounding them accurately, as well as with the modes of preparing articles of diet for the sick. Indeed, the young officer will speedily discover on board of a ship of war that he has more frequent occasion to exercise his knowledge of materia medica, pharmacy and therapeutics—to use measure-glass, scales, pestle and mortar, and spatula—than the trephine or amputating knife. The necessity for abstracting teeth, or the abstraction of blood by lancet or cups, or the preparation of cataplasms, daily occurs. Such details of practice as are left, especially in cities, to experienced nurses or to others, demand on board of ship the supervision, at least, of the medical officer himself; and therefore it is peculiarly proper that he should be acquainted with these seemingly little things, on assuming the duties of his office.

Candidates are expected to evince a fair knowledge of the elementary and general principles of chemistry, of physiology, of general and surgical anatomy, of medical jurisprudence, of the principles and practice of surgery and medicine, and of obstetrics, as taught in the schools. Upon all of these points, it is understood, the examinations are minute, and as far as possible, practical. The candidate is afforded opportunities to distinguish drugs, to compound prescriptions, to diagnose diseases at the bedside, to apply surgical dressings and apparatus, and to operate on the cadaver in the presence of the examiners: and, as the examination is partly by writing, partly oral and partly practical, he is thus enabled to exhibit fairly to what degree he is prepared to enter immediately on the active duties of the profession.

All the qualifications which are befitting to a Christian gentleman in any condition of life, are becoming to the medical officer of the army or navy. Collateral sciences and the languages, modern and ancient, *are not essential* to successful competition for the office of assistant surgeon in the navy; but as the possession of this kind of knowledge is indicative, to some degree at least, of industry and mental habit and capacity, they are considered in the classification of those selected for appointment—the most accomplished in the estimation of the Board, being placed highest on the list. But without an adequate knowledge of the principles of his profession, and aptitude in their application, mere accomplishments in the physician, are regarded to be of little value.

CRIMINAL AND OBSCENE QUACK LITERATURE.

It is high time that the laws of the land against the publication of obscene works was enforced against a class of quack productions with which our community is flooded, and which has found its way into the columns of our newspapers in the form of advertisements. In many of our cheap daily and weekly newspapers, may be found advertisements of books, addressed especially to females, which—we speak advisedly—are quite as much calculated to corrupt the morals of the young of both sexes, as are any of the acknowledged, and too well known, obscene publications, against the circulation of which stringent laws are passed—though we fear but seldom executed. We remember on one occasion to have found, nicely tucked away in the dish closet of a most respectable married lady, a work which she had obtained in reply to one of these specious quack advertisements, a book which we know she would have been ashamed to have had her husband discover her perusing. And it is not married ladies alone that procure and read these works, as many a physician has probably the opportunity of discovering. A prurient curiosity

leads many a young woman to reply to these advertisements, and procure works which "open the eyes" of the possessor of them.

But books are not the only objectionable form in which indecent quack literature meets the eyes of the female sex. The mails are burdened with circulars, and the family newspaper with open, undisguised advertisements of obscene character AND CRIMINAL INTENT. We appeal to the record.

We have before us a circular which has come into our possession, which enters into a long and labored disquisition on the virtues of a medicine the intent of which is to *prevent pregnancy!* The wife is informed that she can use the medicine without the knowledge of her husband or most intimate friends, and by inference at least, the unmarried, that she may indulge in the most unbounded licentiousness without being detected, provided only she has this medicine at hand—thus attempting to defraud the husband of his offspring, and to demoralize young women.

But these circulars are *secret* missives, and their influence is somewhat limited. There is another class of immoral and indecent publications found in advertisements in the family newspaper, and even the *religious* press of the country is not entirely free from the contamination. We have before us a weekly newspaper published in one of the "most straightest" of the New England States, in which may be counted *twenty-eight* different quack advertisements, (not including hair tonics,) occupying *nearly half* of the advertising department of the paper, and comprising nearly one-fourth of its whole contents! *Ten* of these advertisements are embellished with cuts, several of which are supposed to represent the "wondrous wise" head which originated the nostrum advertised. *Fifteen*, that is more than half of these advertisements, are especially addressed to those having "secret diseases," and to females, and THREE of them hold out the caution (the *intent* is perfectly transparent!) that married ladies should not use at all, or at least during the three first months of pregnancy, the nostrum advertised; while a FOURTH unblushingly offers to send for three dollars "*the only safe and sure preventive from pregnancy.*" Several of the advertisers proffer private treatises on disease, embellished with from one to two hundred plates, some of them colored!

In conclusion, and without any further comment, we copy, as nearly as we can, one of the advertisements, as a type of the rest, omitting name and address. We choose this for its brevity.

☞ A BOOK FOR EVERYBODY. ☜

STARTLING DISCLOSURES!

(A cut representing a bearded Esculapius in private consultation with a young female, who is scarcely decently clad.)

DR. ———'s great work for the married, or those contemplating marriage, 200 pages. full of

PLATES.

Price twenty five cents—sent to all parts under seal by mail. POST-PAID. 50,000 copies sold the past year. The single married, and the married happy. A lecture on LOVE, or how to choose a partner, a complete work on midwifery. It contains hundreds of secrets never before published—warranted to be worth three times the amount asked for it, 25 cents in specie or postage stamps, enclosed, will secure a copy by return mail. Address ———, M. D.

———, ———.

☞ DR. ———'s FEMALE PILLS, one dollar a box, with full directions. Married ladies should not use them. Sent by mail. Address Dr. ———, as above.

PROFESSOR DICKSON.

It must not be understood from the notice in our last of Dr. S. H. Dickson's declining to serve as one of the Consulting Physicians at the Philadelphia Hospital, "on account of ill health," that his health is in any degree failing. On the contrary, we are glad to be able to announce that the doctor's health is as good now as it ever was. But while his physical ability is ample for the performance of his present duties, he was unwilling to add to them the burdens incident to the post in question, and therefore declined the office.

M. GROUX.—This intelligent gentleman, who has a congenital defect of the sternum, exposing the movements of the heart and lungs, and who has for several years been engaged in exhibiting to the profession the actions of these organs, will visit Philadelphia, we understand, some time during the coming month. This remarkable case cannot fail to attract the attention of the profession.

Periscope.

Iridektomia for Chronic Iritis and Choroido-iritis: By A. v GRAEFE.[1] Archive of Ophthalmology, II. 2, p. 202.—While hitherto the operation of excising a portion of the Iris has been made for the formation of an artificial pupil in order to procure a passage of the rays of light to the interior of the eye if the normal aperture was closed, Graefe has extended the operation to cases where complete occlusion of the pupil existed, with the most satisfactory result.

Complete occlusion of the pupil, i. e., extensive posterior synechia, is the real cause of the frequent recurring iritis, to which choroiditis generally supervenes, from which a more or less amblyopic condition arises. It has been customary to ascribe iritis because of its obstinacy and fatal consequences to various constitutional diseases. Graefe shows, however, in his treatise on the subject, that extensive posterior synechia maintains a continued stasis in the iris and the equatorial zone of the choroidea, in consequence of which, ridgey projection in the iris, opacity of the vitreous humor and partial separation of the retina, and atrophy of the bulbus ensue.

True, iridektomia does not utterly remove the synechia, but it relieves the tension of the fibres, the cause of constant irritation. Graefe found in most cases the globular projection of the iris to disappear after the operation, as also the pyæmia and exudation, and patient gradually recovered sight. He cites one case particularly, having already given the patient a certificate that he was incurably blind, his pupil being completely occluded, when behold he essayed the operation, and succeeded so far that he can now read print in large letters.

Patients operated on for complete occlusion without opacity of the cornea, of course see through the natural pupil. Should cataract follow, it has to be extracted, as reclination or discision would not be advisable in such cases. He had to repeat the operation on some individuals, but never failed in one. Encouraged by the success he had experienced in cases of this category, he made it available in the following disorders of the eye, with almost as favorable results.

I. For the sequelæ of *iritis serosa*, characterised by softening of the vitreous humors, quivering of the lens and iris.

II. *Central abscess of the cornea* with sinking of pus or hyopion, to shorten the process.

III. Swelling of the lens by mechanical injuries.

IV. Small foreign substances in the iris, if the inflammation does not speedily subside. (The portion containing the foreign substance being excised.)

V. Chronic iritis of the utterly blind eye, to save its fellow.

VI. Glaucoma. According to Graefe's hypothesis, which seems to be confirmed by the favorable result of the operation on these cases, Glaucoma arises secondarily by an intraocular pressure, from a congested and infiltrated iris and choroidea.

He advises not to lose time with the constitutional treatment, but treat it locally as a local disease. He operates despite of existing neurosa ciliara, chemosis and intolerance of light. The pain experienced before the operation ceases after it, as with a sudden stroke.

[1] Translated for the MEDICAL AND SURGICAL REPORTER, by G. Bachman, M. D.

Phalloplasty: By DR. SPRENGLER. Bayonne Med. Intelligenz. 2, 1858.—This operation, the first ever performed, and crowned with perfect success, consisted in the conversion of integuments adjacent to the penis, to a covering of the same, of which it was deprived by traumatic influence. A laborer, 33 years old, had the misfortune to be seized by the wheel of a factory machine, which tearing his pantaloons, also denuded his penis from the root to the glans, and besides, caused a longitudinal wound of the right side of the scrotum. On arrival of the patient in the hospital, the scrotal wound received three sutures, and the penis was covered with cerate compresses and cold fomentations applied. On closer examination, the inner lamella of the prepuce was found intact, as also a small portion near the scrotum, to which Dr. Sprengler thought to attach integument from the adjacent regions, as without a plastic operation the cicatrices would have produced shortening and curvatures of the penis, and loss of the facultas cöeundi. Dr. Sprengler determined on an operation, for which he made the intact portion of the prepuce and scrotum available, filling out the insufficiency of these resources by integument of the regio pubis. Chloroform being administered, the prepuce was slit into two flaps, and reverted to the extent of 1½″. As this left the bare interstices anteriorly and posteriorly, the scrotal debris was

drawn forward to fill the former, and the regio pubis furnished the supply for the latter. The three flaps were united by eleven sutures. On the third day the scrotal portion of the new covering showed some gangrenous spots, on account of which aq. chlorata was added to the cold fomentations On the fourth day the sutures of this portion gave way, requiring the application of some renewed sutures.

The preputial portion retracted very little, and granulated finely, while the pubic portion retracted much, and yielded little advantage to the result. In five weeks time the wound was cicatrized, leaving no deformity nor disability of the organ.

Iodide of Potassa—An Antigalactic: By PROF. ROUSSET. (Journ. de Bord. May, 1858.)—The enlargement of the galactophorous tubes, so often occurring during early lactation, frequently induces fever, inflammation and abscesses of the mammæ, which indicate therapeutical treatment, for the purpose of diminishing the lacteal secretion. As the remedies usually resorted to seldom accomplish the desired effect speedily, Prof. Rousset gave iodide potassium with favorable effects, in all instances hitherto experimented on. He observed the secretion of the milk to decrease considerably, more especially if the child was not put to the breast. The milk returns if the remedy has not been used for more than two or three days. The effect is more decided if not more than 40 or 50 centigrammes are given daily. The lacteal secretion can be entirely suppressed if the remedy is administered one or two days after delivery.

Gangrene cured by the use of Pyroligneous Acid.—In the *N. A. Med. Chirurg. Rev.*, we find the report of a case of gangrene, cured by the employment of the pyroligneous acid, by Dr. A. Lopez, of Mobile, Ala. The patient had sphacelation of the entire hand from the tips of the fingers to the wrist, with enormous swelling, the result of a mal-treated phlegmonous abscess. At first he used carrot, yeast and bark poultices, with nitric acid washes and other remedies, with some benefit, but this not being satisfactory, Dr. L. applied a solution of one part of pyrolygneous acid and three parts water, by means of cloths. In less than twenty-four hours the intolerable felon was removed, and a manifest improvement presented in the appearance of the wound. Sloughing was completed, and finally a perfect cure was the result. He has since employed it with equal satisfaction.

Medical News.

MARRIAGES.

DOWLING—RUSSELL.—Dec. 14th, at Warrensburgh, N. Y., by Rev. Dr. Dowling, John W. Dowling, M. D., of New York city, (son of the officiating clergyman,) to Miss Minerva, daughter of Hon. Joseph Russell, of the former place.

FANNING—BURBANK.—Dec. 8th, at Bethel, Me., Miss Isabella G., youngest daughter of Dr. Joshua Fanning, to A. L. Burbank, Esq., all of Bethel.

HARDWICK—STADLEMAN.—On the 25th of November, by the Rev. Luther E. Albert, Dr. John R. Hardwick, of New Albany, Georgia, to Miss Louisa Stadleman, of Germantown.

NICHOLLS—GARBER.—Dec. 9th, in this city, by Rev. D. A. Nicholls, Dr. Phineas P. Nicholls, of Cold Water, Mich., to Mis Sallie Garber, of this city.

DEATHS.

TAYLOR.—In New Alexandria, Pa., on the 13th of November, Mrs. Catharine R., wife of Dr. G. W. Taylor, aged 35 years.

WOODLAND.—In Sacramento, Cal., on the 17th ult., Mrs. Maria J., wife of Dr. Thomas W. Woodland, and daughter of Isaac Myer, Esq., of this city.

MARRIAGES OF CONSANGUINITY.—Dr. S. M. Bemiss, in his able report on this subject to the American Medical Association, at its meeting in Washington, last May, says that over ten per cent. of the deaf and dumb, over five per cent. of the blind, and near fifteen per cent. of the idiotic in our State institutions, subjects of these defects, are the offspring of kindred parents.

Such facts would seem to justify the Legislature of Georgia in having recently passed a bill prohibiting the marriage of first cousins, under heavy penalties, one of which is cutting off the issue from inheritance.

☞ We learn from the *Lancet and Observer* that the arrant quackery of the Cincinnati "Eclectics" is growing more and more apparent.

☞ Dr. Mendenhall has retired from his connection with the Cincinnati *Lancet and Observer*, leaving it in charge of Drs. Murphy and Stevens.

TO CORRESPONDENTS.—We have received the following publications from the publishers, Messrs Lea & Blanchard:

1. Errichsen's Science and Art of Surgery.
2. Condie on Diseases of Children, a new edition.
3. Hunter and Ricord on Venereal, by Bumstead.

Also, the following:—

The Physician's Hand-Book of Practice and Pocket Memorandum for 1859, by Dr. Wm. Elmer.

The Physician's Visiting List, from C. J. Price & Co.

The Dental Register of the West, in Exchange.

Our Medical Colleges. An introductory lecture to the course of 1858-9, in the Medical Department of the University of Nashville. By J. Berrien Lindsley, Chancellor of the University. *From the author.*

On Vesico Vaginal Fistula, and its Successful Treatment. Illustrated by eleven cases. Read before the British Medical Association, at Edinburgh, July 31, 1858. By I. Baker Brown. F. R. C. S., etc., etc. *From the author.*

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 115. PHILADELPHIA, DECEMBER 31, 1858. NEW SERIES, VOL. I. NO. 14.

Illustrations of Hospital Practice.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

WEDNESDAY, DECEMBER 22.

Service of Dr. Henry H. Smith.

Scrofulous Ulcer.—A healthy looking, well developed young woman, presented a partly healed ulcer upon the right side of her neck, just behind the angle of the jaw. The neighboring lymphatic glands were somewhat enlarged. The history of the case was, that an indurated swelling after remaining hard for several months, finally softened in the centre, and the skin ulcerating, discharged a moderate quantity of thin pus, in which small cheesy flocculi were noticeable. The small ulcer thus produced gradually spread, till it was more than two inches long, but has latterly been healing slowly. No treatment had been employed, but, as other lumps began to appear, she came to the Hospital.

The disease consisted essentially in a tubercular deposition in one of the superficial lymphatic glands, with subsequent softening and ulceration. The sore thus left was what is called a scrofulous ulcer. A similar deposition of tubercular matter was beginning in the neighboring glands. The character of the cicatrix is worthy of note. It was thick, elevated and branched, and much resembled, on superficial inspection, the cicatrix of a burn, or the skin disease called keloid, with which, indeed, it might erroneously be confounded.

The treatment consisted in the local application of Iodine ointment, and the internal use of the syrup of the Iodide of Iron. Good nutritious diet and exercise in the open air would be recommended.

Cancer of the Face.—An old man, seventy-two years of age, presented an ulcer at the left angle of the mouth, with thick indurated edges, and in the middle of the cheek, on that side, an elevated and indurated fungus growth about two inches and a half in diameter. The cheek was closely adherent to the upper jaw, and the mouth could only be partly opened.

The history, as given by the patient, was that his general health had always been good, but that he had suffered for two years from diseased teeth in the upper jaw of the affected side. One of the molars particularly, had caused him much pain, and was considerably decayed. Six months ago, while sitting reading, he felt a pricking pain in the cheek, and putting his finger in his mouth, felt a pimple in the cheek opposite the diseased tooth, which, being handled, broke and discharged a few drops of dark bloody matter. The ulcer thus left continued to spread, the cheek became indurated and adherent, and finally the fungus began to sprout on the side of the face.

When brought before the class, he presented the condition above described; his breath was horribly offensive, and he suffered excruciating pain, which was referred by him to the roots of the decayed teeth, and not to the fungus or the ulcer.

A mouth wash was directed, composed of one fluid drachm of liq. sodæ chlorinat., to one fluid ounce of water, and cloths wet with mucilage of slippery elm were directed to be applied to the fungus growth.

Dr. Smith said that the disease was most probably malignant, but that its situation was such that temporary relief might be produced by the extirpation of the affected parts. The case would be made the subject of subsequent consideration, and if an operation was decided upon, it would be performed before the class.

Injury to Sciatic Nerve.—Application of the Actual Cautery.—A young man fell, a few months since, from a moderate height, and struck upon his left buttock. Since then, he had suffered from constant pain in the course of the sciatic nerve. There are no symptoms

of articular disease, and there could have been no fracture, as the patient walked quite well immediately after the accident, though lately he limps somewhat, in consequence of the pain which occurs in certain positions of the limb.

Dr. Smith proposed, in this case, making use of the powerful counter-irritation afforded by the moderate application of the actual cautery. He would impress upon the class that he only used it as a counter-irritant. The old objection to the actual cautery and to Moxæ, on account of their great painfulness, had been removed by the discovery of Anæsthesia; and either might be painlessly resorted to, where indicated. Latterly, the actual cautery had become once more, after a period of disuse, a *fashionable* remedy. Twice in his professional career, Dr. Smith had seen it in high favor, after a period of disuse. Twenty years ago in Paris, he had seen it much employed by the French surgeons in hip-joint disease, white-swelling, and many other diseases of the bones, &c. The opportunities he had then, as well as subsequently, of observing the effects of the remedy in these cases, had led him to form an opinion adverse to its use. He regarded it, as a counter-irritant of powerful action, but had never seen it produce in chronic diseases of the joints any good effects, which would counterbalance the serious inconvenience of the local ulceration. In the case presented, however, he expected to derive some benefit from its *moderate* employment.

The patient being etherized, the cautery was *lightly* applied over the sacrum, and in the course of the sciatic nerve, the object being to create *superficial* eschars.

Sciatica.—An elderly man had suffered nearly a year from sciatica, attributed to a sprain, which occurred while lifting a heavy weight. This patient limps very slightly, and the pain is not nearly so great as in the last case. Here also there is tenderness on pressure in the course of the nerve, and absence of all symptoms of articular disease. Counter-irritation was also demanded in this case, but a much less potent mode of effecting it, than is afforded by the actual cautery, would probably suffice.

Pure Creasote was resorted to, which was lightly painted over the course of the nerve with a camel's hair pencil. A considerable degree of counter-irritation could thus be obtained, and was often of great benefit in such cases.

HOSPITAL OF THE JEFFERSON MEDICAL COLLEGE.

WEDNESDAY, DECEMBER 22.

Service of Dr. Dickson.

Dyspepsia.—Patrick W ——, aged 38, has, for four years, had occasional attacks of soreness at the pit of the stomach, occurring at night. These have been accompanied by dyspnœa and a sour taste in the mouth. Frequently, during the daytime, he has a sensation of nausea and gastric distress, and the stomach feels painful and sore after eating. He has occasional attacks of diarrhœa; his tongue is furred, and his gums have an unhealthy appearance. Such symptoms are usually classed under the generic head of dyspepsia; and in employing that word, we comprehend at once a large number of varied and troublesome symptoms of gastric derangement. Generally, defective or irregular appetite exists, which is often accompanied with nausea, and a feeling of tension in the abdomen.

The treatment of dyspepsia varies, of course, with the amount of suffering of the patient. In all cases, the diet should be carefully attended to, and such articles as are found to disagree be abstained from. The vegetable acids will sometimes exert a beneficial tonic agency in these cases, but a remedy which seems to be more generally adopted in the treatment of dyspepsia is the subnitrate, trisnitrate or oxide of bismuth, as it is variously called. How it acts, we do not clearly comprehend; perhaps, mechanically, arousing the morbid surface to healthy action. Monneret attributed the beneficial effect of bismuth in dyspepsia to such mechanical agency, and he is probably correct, as the fluids of the stomach do not seem to act upon it, nor is it absorbed. Some of those who have made the action of this tonic a special subject of study, have arrived at the conclusion that it passes through the stomach entirely unchanged.

℞. Bismuthi subnitratis gr x.

to be taken three times, daily.

A blister must also be applied over the epigastric region.

[We regret that we are this week obliged to condense the report of cases in the Medical Clinic of Wednesday last. It is due to the fact, that the report of the cases of stone in the bladder should have appeared in the last number.]

Service of Dr. Gross.

SATURDAY, DEC. 18.

Two Cases of Stone in the Bladder—Lithotomy.—1. Hiram D——, '17 years of age, has suffered for fifteen years from vesical irritation. He is the twelfth in a family of seventeen children. On the 11th of December, while laboring under retention of urine, he was sounded and the presence of a calculus satisfactorily determined. It was found to project into the urethra, and thus impede the flow of urine by mechanical obstruction. When the stone was pushed back by the instrument, a stream was projected with great force. He formerly suffered from incontinence of urine, but this has been succeeded by retention. He has been brought before the class now, in order that he may again be relieved, as well as that he may be sounded for stone, and the nature of the vesical irritation be accurately diagnosticated. If the calculus is lodged in the neck of the bladder, or the commencement of the urethra, it must be pushed back into the bladder, and the operation of lithotomy be performed.

The boy had been able to work up to September, but the irritation has been so great since that time, that he has been incapacitated from exertion. The penis is enormously hypertrophied, in consequence of the frequent traction from the manipulation of the patient during vesical irritation. An increased influx of blood has thus been occasioned, and hypertrophy is the result. The lower portion of the abdomen is greatly distended, owing to retention of urine for more than twenty-four hours. Upon introducing a sound into the urethra, the presence of a calculus was readily detected before the instrument reached the bladder; the diagnosis thus being clearly made out, and the case being interesting also as an example of retention dependent upon mechanical obstruction in the urinary passages. The calculus has existed so long, and the sound emitted when the instrument is brought in contact with it, seems to be produced from so large a surface, that we may assume the stone to be of considerable size. Probably one portion of it is moulded to the prostatic portion of the urethra and the bladder, while the prostate gland itself may be atrophied. The finger, introduced into the rectum, often assists the surgeon in his diagnosis of stone cases. Mucus exists in the urine in increased quantity. Probably uric acid is the main component of the calculus.

The patient was purged last night, and morphia administered to diminish irritability. He must now be placed under the daily use of the Bicarbonate of Soda, together with an anodyne at night.

Crystals of uric acid in large numbers have been detected in the urine, under the microscope. It is proposed to-day to operate according to the method of Prof. Buchanan, of Glasgow University. An instrument was devised by him in 1848, which, at a first glance, seems difficult of introduction, from the want of a proper curve to adapt itself to the shape of the urethra. It is a rectangular staff, having a large groove which terminates at the probe-pointed extremity of the instrument. When introduced into the urethra, the angle of the staff projects prominently into the perineum, and rests in close contact with the prostatic portion of the urethra, and the anterior surface of the rectum. An assistant holds it firmly there, while the operator puts his finger into the rectum, opposite the horizontal portion of the instrument, and his thumb against the angle, so as to guide the point of the knife into the groove of the staff. The position of the staff should be distinctly felt through the perineum, at the median line, and just above the verge of the anus. The point of the knife must be brought into the groove, and carried along to the probe-pointed extremity, the knife being held horizontally. The bulb of the urethra is out of the way of the knife. The parts divided are the prostatic portion of the urethra, a part of the membranous portion, and the upper half of the external sphincter ani muscle. When the point of the knife has attained the probe pointed extremity, the knife must be inclined obliquely, and carried downwards and outwards three-quarters of an inch, towards the tuberosity of the ischium, and then perpendicularly downwards and backwards, from three-eighths to half an inch. This completes the opening, and the incision is much smaller than in the ordinary operation. This constitutes Buchanan's method, and is a compound or medio-lateral operation. It is claimed to have several advantages over other modes of operating: simplicity, less risk of hemorrhage, in consequence of important arteries not being involved in the incision, less danger of urinary infiltration, an adequate opening for the removal of the calculus, the division of fewer structures than in the ordinary operations, and the facility with which the knife is introduced into the groove of the staff. Up to 1856,

thirty-five cases had been operated upon by this method in Glasgow, and only three died; a very good average success. If the opening is too small for the exit of the calculus, it must be enlarged. A certain amount of urine must be retained in the bladder to facilitate the operations of the surgeon. If the calculus is soft and fragile, the bladder should be washed out with a large syringe. Preparatory treatment by purgation, attention to diet, the bowels, etc. must always be resorted to, prior to the performance of lithotomy.

The stone was removed according to the operation detailed above.

2. A second case of stone in the bladder was presented for operation. The little boy had been sounded at a previous clinic, and the presence of calculus satisfactorily demonstrated. It was proposed to perform the lateral operation with a curved staff, the old method of Cheselden, as improved by modern surgeons. The knife generally used is a delicate instrument, the blade not being wider than is absolutely necessary. The first incision should be made from three-quarters of an inch to an inch and a quarter above the verge of the anus, the point of the knife passing obliquely downwards between the anus and the tuber ischii;—skin, cellular and adipose tissue being divided. The skin of the perineum should be rendered tense by the index finger of the left hand. In the adult, the incision should be two and a half or three inches in length. The next step is the division of the transversus perinei muscle and artery, part of the triangular ligament, and the membranous portion of the urethra, the left lobe of the prostate gland, and, finally, the neck of the bladder.

The rule is, to make a small opening internally, and a larger one externally. If the opening in the prostate gland is too large, urinary infiltration is more likely to occur. The knife should not be held horizontally in making the first incision, but the operator should cut obliquely downwards and outwards, the rectum being pushed over to the right side. If care be taken, the pudic artery will escape being wounded. This accident in the operation was formerly the great danger in lithotomy; but it is obviated according to the present modes of operating. In extracting the stone with the forceps, a careful attention must be paid to the prevention of laceration of the soft parts involved. The forceps should be employed with the same kind of motion as the obstetrician uses in cases requiring the application of that instrument.

The operation was performed at the following clinic. The patient was chloroformized, and the calculus removed.

WEDNESDAY, DECEMBER 22.

Recto-Vaginal Fistula.—The case of congenital malformation of the rectum, described in a previous number of the Reporter, (p. 181) was again brought before the class. Evacuation of the rectum is attended with great distress and straining, and colicy pains. There is no doubt of the propriety of an operation for the patient's relief, as a fatal termination must otherwise ensue. The object must be to make an anus in the direction of the natural opening. The color of the skin is darker over the place where the anus exists in the normal condition. The recto-vaginal opening fulfils the functions of the natural anus tolerably well at present, except as regards the symptoms of distress which the infant exhibits; but at a future day obstruction of a serious nature may take place, involving its life.

In performing the operation, it may not be necessary to divide much substance. The opening should be about half an inch in length, and be rendered patulous by a tent of lint introduced into it, and frequently renewed. The rectum occasionally terminates in a cul-de-sac high up in the pelvis. When this complication exists, it has been proposed to make an artificial anus high up on the left side into the colon. But the inconveniences to the patient of such an operation are of so deplorable a nature that such a mode of relief must not be thought of except in extreme cases. Sometimes the cul-de-sac is just above the natural position of the anus. Occasionally the rectum terminates in the urinary bladder near the opening of the ureters, or perhaps at the commencement of the urethra.

The position of the patient during the operation must be as in the operation for stone in the bladder. On making an incision over the spot indicated by the fold of discolored skin, fecal matter exuded. The opening was then expanded with a dilator, and a tent introduced. Difficulty will exist in retaining the lint in situ; but a compress and T bandage will probably overcome it. Sometimes the sphincter ani is present; but we cannot say positively, whether it has any existence in this case.

Fibrous Tumor of the Mamma, resembling Scirrhus.—Mrs. Smith, aged 42, has had for eight years disease of the left mammary gland.

She has had seven children, and the soreness of her breast has been increased by nursing. Pain exists in the part; the retraction of the nipple is scarcely observable; no attachments from morbid adhesions bind down the gland to the muscular parietes of the chest; no lymphatic enlargements have supervened upon the disease; and the general health and appetite are good. The breast is hard, but not uniformly so, a sense of fluctuation and softness being distinguishable in some portions of the tumor. The skin is perfectly sound on the right side. An apparently varicose condition of the vessels on the left side, however, exists; but the subcutaneous veins are but little enlarged. The age of the patient might induce us to look for scirrhus, but the symptoms are not such as to warrant this diagnosis.

The tumor, after attaining a certain size, did not appear to grow larger, until, during the last few months, it commenced increasing rapidly. In this respect it does not resemble scirrhus, and yet it might be an example of that affection notwithstanding. In that disease, too, the nipple would be harder and more retracted than in this case, and the tumor would probably be smaller. Sharp, lancinating pain is not always characteristic of scirrhus; it occurs in other diseases, whose pathology is very different from that malignant affection. It may also be safely diagnosticated that this is not an example of encephaloid disease, the duration of the tumor, the general absence of induration, and the non-enlargement of the subcutaneous veins, being symptoms unsuggestive of the existence of that morbid growth.

The absence of many of the symptoms of scirrhus and encephaloid disease, induces us to assert, in spite of the resemblance to the former affection, that this is an example of fibrous tumor. Whatever be the diagnosis, the propriety of operating is unquestionable. The patient has, in her present state, constant subject for mental distress, and this alone would materially affect her general health, and superadded to this there is the possibility of degeneration of the fibrous into a malignant tumor. The tumor was, therefore, removed, and on account of its non-adhesion to the pectoral muscles, was readily separated from its attachments. When opened, it presented the appearance of an old fibrous tumor, something like scirrhus, or even like the incipient stage of encephaloid.

HOSPITAL OF PHILADELPHIA MEDICAL COLLEGE.

Service of Dr. J. Aitken Meigs.

OCTOBER 9TH.

Valvular Disease of the Heart.—I direct your attention to-day, to three highly interesting cases of cardiac affection. Valvular disease, more or less marked, is present in each of these patients. In one, the cardiac derangement has existed but a short time, and is simple; in the other two it is complicated with ascites and hydrothorax, and has existed a much longer time. I. The first patient, Peter P——, a single man, aged 30 years, comes to us to be treated for palpitation of the heart. Last March he suffered from a very severe attack of rheumatism, which lasted about five weeks. For this he appears to have been treated in the ordinary manner, and he recovered without any cardiac symptom. Shortly after his convalescence he rode some distance into the country. When returning, the horse became frightened and ran away with him. He was much excited at the time, and ever since has noticed a decided irregularity in the action of his heart. His general appearance is indicative of perfect health; his appetite is good; his bowels are regular, and as long as he walks gently and makes use of no great exertion, he is comfortable enough. Whenever he attempts to work, to walk fast, or to run, this palpitation annoys him considerably. The impulse of the heart is very forcible, and is observed most distinctly below the fifth rib, and just inside the nipple. A bellows murmur of a low whispering character is distinctly audible just above the fourth rib, and near the edge of the sternum. This murmur occurs immediately after the second sound of the heart. The pulse is regular, and though not hard, is not readily compressed. The heart occupies its natural position, and is not hypertrophied. The soft bellows murmur in this case is most probably of organic or structural origin. The history of the case and the present symptoms strongly point to this conclusion. As it accompanies the second sound of the heart, and is most intense near the base of that organ, and over the left half of the sternum, we infer that there is aortic insufficiency, and consequent regurgitation, or in other words, that the semi-lunar valves of the aorta do not respond readily to the systolic and diastolic movements of the ventricles. You know that contraction of the ventricles drives blood into

the aorta and pulmonary artery. The force of this contraction is divided, part of it being spent directly upon the advancing columns of blood, and part employed in distending the elastic tissue of the great vessels. But this latter force is neither lost nor in the least impaired. It is again returned to the blood by the recoil of the elastic tissue, and thus the equalization of the circulation is to a considerable extent provided for at the very centre of the circulation. Now, the first effect of this recoil is to cause a reflux of blood towards the ventricles. But this reflux is naturally opposed by the sigmoid valves, which close the moment this recoil begins. These valves are often thickened, roughened and contracted by exudations upon their surface, by depositions of fibrin, constituting what are known as vegetations, and by degenerations of an albuminous, fatty or mineral nature. Such alterations frequently interfere with their mobility. They fail to close the ventriculo-arterial openings, and the blood regurgitating during the interval of repose which succeeds the second sound of the heart, gives rise to a soft blowing sound. In the patient before you the aortic valves have in all probability been thickened by a layer of fibrin deposited upon them during his attack of rheumatism. In the acute forms of this latter disease, we know that the fibrin of the blood is very much increased, and that there is a strong tendency to the deposition of this fibrin. The valvular lesion not being extensive, as is shown by the softness of the murmur,—nor of long standing, we may treat him with considerable hopes of success. His general health being good, we may direct our remedial efforts entirely to the removal of the deposited lymph, and the prevention of further deposits. We must keep in view also the rheumatic origin of the complaint, and the cardiac palpitations. Let him take, therefore, the following:

℞. Potass. iodidi ℥ij.
Vin. sem. colchici f ℥ss.
Tr. digitalis f ℥ij.
Aquæ f ℥ijss.
ft. mist. M.

Sig. One teaspoonful for a dose four times a day.

Let a small blister be applied over the cardiac region.

23d. Our patient tells us he is better today. He is less disturbed by the beatings of his heart. He says that he finds the palpitation a little more troublesome in cloudy and wet weather. The murmur is somewhat softer and fainter than it was two weeks ago. The same treatment to be continued. I wish to give the iodide a fair trial in this case. If it fails we must invoke to our aid a remedy still more powerful as a means of promoting absorption.

Nov. 6th. The improvement of the patient is too slight to warrant a continuance of the present treatment. We must resort to mercury,—a drug which you must use with much circumspection, and only when you have good reasons for thinking that decided benefits will flow from its use. It is a two-edged sword, and must be handled discreetly. If the valvular disease were confirmed, and of long standing, and the blowing sound loud and rough, instead of soft and faint as in the case before us, we would be scarcely warranted in saturating the system with so powerful a drug, in the hope of promoting absorption. In the case now under treatment, there is considerable hope that this absorption can be accomplished, without the system being injuriously affected. The tendency of valvular disease, if neglected, is to produce hypertrophy, irregular and obstructed circulation, venous congestion, dropsies, inflammations, hemorrhages, etc. Let us make an effort at this the only time when it can be appropriately made, to save our patient from such ills as these. Let him take daily three of the following pills until his gums are slightly tender. Afterwards let him take one or two a day, as may be necessary to keep up the mercurial influence for a short time.

℞. Hydrarg. chlorid. mit.
Pulv. Digitalis, aa gr. xij.

M. ft. mass. in pil. xii. dividenda.

12th. The patient's gums are tender; the breath has the mercurial odor. Very little palpitation of the heart. The bellows murmur is less distinct. Treatment continued.

23d. Gums still slightly tender. The blowing sound scarcely audible. Can walk rapidly without palpitation.

27th. The most careful auscultation fails to detect the bellows murmur. It has entirely disappeared. The patient can walk rapidly without palpitation. Treatment discontinued and the patient discharged.

WEDNESDAY, DECEMBER 15.

Service of Dr. Halsey.

Tinea Tarsi.—A half-grown girl was brought before the class, having an affection of the tarsal edges of the eyelids. The ciliary borders

of the lids of both eyes are thickened, red, and incrusted with the dried secretions of the Meibomian glands, which are poured out, especially at night, and cause the lids to firmly adhere to one another, by the drying of these diseased secretions, which have a very adhesive property. These glands are constituted of small follicles, which empty into a common duct, and are arranged in a line along the ciliary edge of the lids, between the conjunctiva and tarsal cartilage. Their use is to pour out a secretion, which prevents the adhesion of the lids to one another. There is sometimes suppuration of these glands and the formation of pustules, when the ciliæ drop out, and give the patient a very ugly deformity, termed madarosis. The patient complains of an itching and stiffness of the lids, and the sensation as if a particle of sand was in the eye.

This condition is apt to last a long time; however, the cure depends upon the length of time the disease has existed. Most generally it is a sequel of a long existing and severe ophthalmia. When such is the case, it is a very troublesome disease to manage. If there be much redness or congestion, a few leeches or a leech or two may be required, and frequent bathing in tepid water. When the irritation and inflammation have subsided, the citrine ointment, ʒj. to ʒss. of simple cerate, should be applied every night to the edges of the lids. If there be no signs of congestion or inflammation, the application of the ointment alone will be found to have an excellent effect.

Periosteal Inflammation.—An aged colored woman was attacked with great pain and swelling in the left elbow, three months ago, which prevented her from work. Soon a swelling made its appearance on the back of the hand, which occupied the whole of the dorsal aspect. Besides these, a swelling also made its appearance on the right tibia, which became very much inflamed. These swellings, except the last, are very firm and painful. The pains from these swellings were excessive, especially at night. The patient never has had any eruption, sore throat, or eyes, nor has she taken much mercury that she is aware of. She denies that she ever had the venereal.

The causes of this disease are violent rheumatism and syphilis. It may also arise from taking large quantities of mercury. We are called upon to decide what may be the cause, which sometimes is very difficult. As she has not received any injury of the parts, violence is thrown out of the question. Is it rheumatism, or is it a syphilitic cause?

It is extremely rare that rheumatism affects the shafts of bones; it confines itself to the muscles or joints most generally.

Syphilis always affects the shafts, and of those bones which are the most superficial, as the tibia, forehead, ulna, and radius. Rheumatic inflammations never suppurate; those of syphilis often do.

As the patient has never had this kind of swelling before, and as one of them upon the tibia is much inflamed, and there is fluctuation, suppuration has probably occurred.

Taking all the symptoms together, then, we are almost forced to conclude that the disease is syphilitic.

The disease consists of the deposit of plastic lymph underneath the periosteum, which is vascularized more or less, depending upon the degree of inflammation. This lymph becomes organized or not, depending upon the degree also of the inflammation. If it be acute, and the bone becomes involved, suppuration may follow; if chronic, the periosteum becomes thickened, and the lymph may be developed into bone.

When the inflammation is acute, febrile symptoms usually accompany it, and antiphlogistic treatment is required, leeches, calomel and opium, rest, etc. If the disease be of syphilitic origin, calomel will not be found so serviceable, but the iodide of potassium will be found to afford greater and more speedy relief than anything else.

In all the forms of periostitis which are chronic, the iodide of potassium will be found the remedy of all others.

Inflammation and Obstruction of the Lachrymal Duct.—A middle-aged lady has had an obstruction of the tear-duct for six years. During the whole of this time, she has been very much annoyed by the overflow of tears, particularly upon going out into the cold. Frequently a swelling takes place near the inner canthus; and then, by pressing upon it, a mattery liquid is made to spirt out from the lachrymal ducts. At present, there is a great deal of inflammation and tenderness, the eye being nearly shut in consequence of its swollen condition. Six leeches were ordered to be applied below the eye, and tepid water applications to be made, until the inflammation has subsided; a purge of hyd. chlor. mit. gr. v. and rhei pulv. gr. viii. to be taken at night, and followed by a saline cathartic in the morning. When the inflammation and

tenderness have subsided, the duct will be examined and operated upon, if it is found necessary.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

WEDNESDAY EVENING, DEC. 8, 1858.

Dr. Bell, presiding.

Subject for discussion, THE PATHOLOGY AND TREATMENT OF NEURALGIA.

DR. REMINGTON opened the discussion by making the following remarks: Neuralgia is defined as a painful affection of the nerves of a part unattended with inflammation. Especially in the facial variety it is dependent on a reflex, morbid action, excited by a deranged stomach, skin or uterus; in other cases, the nerve itself may be diseased, or be irritated from pressure upon it, in its passage through a foramen or bony canal. Neuralgia is commonly associated with dyspepsia, a gouty or rheumatic temperament, and a broken down constitution. We also frequently find it resulting from carious teeth, a feeble and infirm state of health, and in anæmic or chlorotic females, though it may be met with in persons who are robust and healthy. He thought he had seen it more frequently in females than males.

It is often very obstinate and intractable in its treatment, resisting every known remedy for months and years, and finally causing the patient to succumb. Permanency of cure is always uncertain from the periodical character of the disease, and the difficulty in the removal of its causes. Intense agonizing pain is always exhausting, frequently causing syncope, but when periodical and relieved by intervals of ease, as in neuralgia, it may be endured for a long period. Bodily suffering, will, if long continued, surely, though gradually undermine the most vigorous; effectually destroying all disposition for food or sleep; depressing both physical and mental powers, and is very justly pronounced "the most powerful sedative in nature."

The treatment may be divided into local and constitutional, or remedies proper during the paroxysm, and those which are adapted to prevent its recurrence.

Among the local remedies may be mentioned tinc. of aconite, aconitia, atropia, belladonna, hyoscyamus, the endermic application of various salts of morphia, division of the affected nerve, and the application of the actual cautery, which is especially serviceable in sciatica. While on this point, he would take occasion to mention a formula which he had used with much benefit:

℞. Aconitia gr. j.
Atropia gr. iij.
Adipis ʒij. M.

To be applied externally, and used very carefully.

As constitutional remedies, we might employ belladonna, the salts of morphia, quinia in large doses, iron, solution of the arsenite of potassa, tinc. of cannabis indica, tinc. of valerian, ext. of hyoscyamus, wine of colchicum, or its salts.

The inhalation of ether or chloroform has been employed as a means of arresting the paroxysms, but not with a view to a permanent cure; these articles are especially applicable in those cases of neuralgia, which are due to a reflex morbid action in the facial nerves, excited by a deranged stomach, skin or uterus, rather than those cases which depend upon diseased nerves.

DR. CONDIE confessed that in respect to the pathology and therapeutics of neuralgia he was completely at sea. He would endeavor, however, to contribute his share towards carrying on the discussion, in the hope of bringing out the experience of the members present. The term, neuralgia, was certainly an unfortunate one; it is so extremely indefinite in its signification, as to apply to a large number of diseases, which differ essentially in their pathology and treatment. If pain, (or more properly, suffering) in a nerve is to constitute the essence of the disease, without the presence of any of the other symptoms of inflammation, then we have certainly a number of maladies that might in strictness be called neuralgia. Colic, as well as many of the forms of chronic rheumatism are little more than nerve sufferings; this is especially true of sciatica and lumbago. In the same class we may include also gout, in all its chronic forms. Tetanus likewise is nerve suffering, united, it is true, with tonic spasm of the muscles; it is equally therefore a neuralgia. He did not pretend to understand the nature of the disease understood by the term neuralgia.

In some cases it is probable that there is

actual disease of the nerve itself, or of its enveloping sheath; in others, an irritation is reflected upon the suffering nerve, as from some affection of the teeth; from caries, or, as is more frequently the case, from suppuration at the bottom of the alveolar cavity. It would appear that there are a large number of neuralgiæ which result from a disturbance of the digestive organs, or from a blood poison. Thus gout, in many of its forms, and chronic rheumatism, which is essentially a different disease from acute arthritis; both result probably from a morbid state of the blood.

One curious circumstance connected with neuralgia, is, that in one of its forms at least, it is strictly intermittent; often as strictly so as intermittent fever. Patients can tell beforehand, when they will have an attack. In many cases of what is known as tic doloreux, an equally curious circumstance is, that in persons so affected, a soft handkerchief passed lightly over the face, or exposure to a draught of cold air, will cause an intense paroxysm, which will cease as suddenly as it occurred. Yet, if we can depend upon the observations, etc., of our pathologists, no change can be detected in the nervous fibres, or their investing sheath. Some few claim to have discovered some morbid appearances of these parts, under the microscope, but whether it is really so, he could not say. Microscopic examinations of organic tissues are liable to lead into error.

In regard to the treatment of neuralgia, he was still much in doubt. He questioned whether the disease was ever cured, though it may certainly be relieved. For this purpose, narcotics are eminently useful. He most frequently employs a combination of the ext. of hyoscyamus, camphor, and the proto-carbonate of iron; this he generally ordered to be made into pills, with castile soap. He could not say that the soap possessed any peculiar virtues in this disease. He has employed it, however, because he found it in the formula originally given to him. In many forms of intermittent neuralgia, quinia has been quoted as having succeeded admirably, and hence such cases were supposed to constitute a form of intermittent fever. It is so considered by MacCulloch. But, with the exception of cases occurring in broken down constitutions, Dr. Condie had never found quinia of service in neuralgia, and then only indirectly, by improving the appetite and strength of the patient. He had not seen any direct effect from it. In lumbago, and sciatica, he has perhaps observed the most benefit from its use, but he could not say even there, that it was the proper remedy. He had not found belladonna, either internally or externally, as beneficial as some other of the narcotics. Hyoscyamus was his favorite, of that class of agents. Aconite appeared to be of service in a large number of cases. In the neuralgiæ of the anterior part of the head, not the face, dry cupping would relieve the paroxysm better than anything else, though he generally followed it with a heavy dose of some narcotic.

To sum up, we often take a symptom,—intense pain,—for a disease, and thus are misled in our treatment, which ought to be directed to the *cause* of the nerve suffering, rather than alone to the latter. Next, the term neuralgia, was too loosely used, which is one cause of its treatment being so loose, indefinite, and uncertain. Finally, when there are no indications of inflammation, we must employ narcotics, and these in sufficient doses. In answer to an inquiry, as to the dose he gave of the proto-carbonate of iron, he said that he generally gave from half a drachm to one drachm.

Dr. Coates said that there appeared to be a great confusion as to the idea of neuralgia. The real etymological meaning of the word was pain of the tendons, as *νευρον*, from which it was derived, meant tendon. With regard to this affection, we had almost no light from morbid anatomy. A patient rarely dies from this disease; and when death occurs from other causes, those causes would act to produce changes in the structures, of which we couldnot know how much or how little to attribute to the neuralgia. We were left to judge from the phenomena presented, whether there was inflammation or not. The idea that neuralgia was the result of an inflammation of the fibrous band, which inclosed the nerve, appeared to him erroneous. Dr. C. generally found as a result of this, a feeling as if the part were, what is popularly termed "asleep." Neuralgia was very much mixed with chronic rheumatism. He could not see clearly, why sciatica was excluded by a former speaker from the class of neuralgias. What was known under the name of spinal irritation also might be included under the head of neuralgia.

Dr. Trénor, of New York, had published a memoir on periostitis of the scalp, which he considered as producing the neuralgia of the part. Dr. C. had settled from much experience into the habit of setting down neuralgia, as a result of periostitis. In inflammation, the pain is not always from the same cause. Sometimes, it has been thought to result from

a distension of the parts by the swelling, or from pressure upon the nerve by the parts, etc. Sometimes, from the mere increase of the natural function of the nerve, pain being a real hyperæsthesia of the part, a mere increased feeling. It had been thought that in some cases, a plexus of nerves was distended, and hence the pain which occurred.

In these circumstances we had better adhere closely to the simple facts. Shooting pains, often sudden and severe, are a quality of periostitis. Venereal nodes are characterized by sudden and severe shooting pains; as was periosteal toothache. In a case which he treated with acupuncturation in the face, in every instance, when the needle touched the surface of a bone, a violent twinge was experienced, though the needle gave little pain elsewhere. When he was in the Pennsylvania Hospital, he saw many cases of spinal neuralgia, or spinal irritation, as it was called, occurring in girls of good character, who had been broken down by long continued illness, hard work, and misfortune. He felt safe in considering all the spinal irritation cases which he had seen, as being really periostitis in nervous temperaments. These were very often found to be incurable, and the main idea was, that it was impossible to cure spinal neuralgia, after a long continuance of the complaint. The treatment was various; but they were in every case necessitated to employ narcotics. At that time some modes of treatment were unknown, as that by quinia. One case of strongly marked sciatica, occurring with great violence, in private practice, in a man, with no other symptoms, was cupped, bled and purged actively by Dr. C., and as the pain ceased in a few hours, he thought the result was owing to his remedies; but next day the attack returned at exactly the same time with equal force. In consequence of this intermittent character of the case, he gave bark in large doses, and the trouble ceased after the third paroxysm. He sometimes thought he had seen benefit from quinia. Toothache, and some other forms were intermittent, as many had no doubt observed. Division of the affected nerve does not often succeed. It has even been performed on the whole three nerves of one side of the face without success.

Dr. Bell said the difficulty was in the diagnosis; the discovering what was the cause, and especially in diseases of the uterus. He called upon Dr. Atlee to give his experience in such cases.

To be continued.

Reviews and Book Notices.

On Vesico-vaginal Fistula, and its Successful Treatment.—Illustrated by eleven cases. Read before the British Medical Association at Edinburgh, July 31st., 1858. By I. Baker Brown, F. R. C. S., surgeon-accoucheur to, and lecturer on midwifery and diseases of women and children, at St. Mary's Hospital; Surgeon to the London Home for Surgical Diseases of Women, &c., &c. London, 1855.

This pamphlet is a detail of eleven successful operations for viseco-vaginal fistula, performed according to the improved method invented by our countrymen, Drs. Sims and Bozeman.

The subject of vesico-vaginal fistula, is, at this time, of intense interest to the surgeon.

An affection usually abandoned as hopeless, and deplorable in the extreme, has of late risen to the rank of curable,—the dejected, self-loathing sufferer been redeemed from her misery, and our humane art crowned with a new triumph over the hydra of disease. Yet it cannot be said that the operation had been one hitherto neglected by surgeons. The utmost ingenuity had devised in vain for an effective plan of relief;—the usual operations had, though with faint hope, been patiently and frequently repeated, and the numerous but inefficient contrivances for its palliation, only attest the utter perplexity of the subject. The peculiar causes of the affection, connected as they are with prolonged sufferings of maternity, entitle its victim to the gentlest sympathies of our sex, and we congratulate our countrymen on their having perfected a means of curing even the formerly most intractable cases.

The claims of Drs. Sims and Bozeman, the American originators of the improved operation, have been properly acknowledged throughout Europe.

In this city five cases have been operated on after their method. Of these, three have been entirely successful,—one by Dr. J. Pancoast, and two by Dr. D. H. Agnew. The unsuccessful cases, cannot be considered as entire failures, as in one, at least, the fistulous orifice has been lessened, and both may probably yet be entirely cured by repetition of the operation, for as the author of this pamphlet, remarks in allusion to such successes after frequent repetitions of the operation, "these facts give us great encouragement to persevere, even in the most difficult cases, and show that no number of failures

ought to prevent us from repeating our attempts."

Of his cases, seven of the eleven were cured at the first operation, three at the second, and one at the *ninth*. L.

SOME LOCAL AND GENERAL EXCRESCENCES OF HOMŒOPATHY: Being Reviews of Dr. Hering's "Homœopathist, or Domestic Physician," and of the Homœopathic "Materia Medica Pura." By JOHN F. GEARY, M. D. Philadelphia: Henry B. Ashmead, 1858.

The object of the above titled pamphlet is the condemnation of the books, tenets, and practice of some of the long acknowledged exponents of that extraordinary delusion, and the glorification of another set of the same class of empirics.

We can only see in this effort evidences of the dissensions and wranglings which have ever characterized the doings of those banded in error or fanaticism, and which ever precede their merited extinction. The "excrescences" alluded to, are the books which the writer of the pamphlet in ridicule reviews, and he certainly does it in a very humorous way.

These works may be excrescences, for the whole plant is but a fungus, given to vagaries in growth, and from which excrescences may be expected. Springing, fungus like, in darkness, from the muck of ignorance and credulity, it has puffed itself into an ephemeral notoriety by its pretentious claim to a place in the fields of science. The greater its inflation the more complete will be its collapse, and we can only view these "excrescences" as its own morbid development, tending to its own dissolution and the quietus of its dogmas, dupes and devotees.

"Stultitia plerumque exitio est."

L.

BRIEF EXPOSITIONS OF RATIONAL MEDICINE, TO WHICH IS PREFIXED THE PARADISE OF DOCTORS: A FABLE. BY JACOB BIGELOW, M. D. etc. Boston: Phillips, Sampson & Co. 1858. pp. 69.

Passing by the "Paradise of Doctors," which is certainly an amusing fable, we come to the body of the work, "Brief Expositions of Rational Medicine," and this portion, though truly deserving the name of brevity, contains much that may be read and reflected upon with benefit by many in the profession. Dr. Bigelow treats of the Artificial, the Expectant, the Homœopathic, the Exclusive, and the Rational methods of treating diseases. After showing the fallacies, etc., of each of the preceding four, he comes to indicate the benefits resulting from the Rational method, the plan which is at present adopted, or being rapidly adopted by the profession throughout the world. Works like that of Sir John Forbes, on "Nature and Art in the Cure of Disease," and the above, are exactly what the profession are prepared to receive. In these days of empiricism of the most unblushing effrontery, it behooves the true lovers of medical science to lend all their aid and influence to show, not only to the profession, but to the world, the sophistries of the almost numberless charlatans who are endeavoring to fleece the people of their money, in exchange for worthless or even dangerous articles. Though a small volume, we consider it well worthy of perusal, and hope it may prove a valuable adjunct in forwarding the progress of "Rational Medicine."

We have received from Dr. R. J. Dunglison, a copy of his article entitled "*Observations on the Deaf and Dumb*," reprinted from the N. A. Medico-Chirurgical Review. It contains much important matter upon these two affections, which is well worthy of preservation in a more durable form. The whole article evinces a careful research into all authorities, etc., upon the subject. He particularly dwells upon "the apparently greater prevalence of deaf-mutism in countries which have mountainous ranges, and the small ratio of the deaf and dumb to the population in low countries; the influence of race in predisposing to deaf-mutism, as exemplified in our own country more particularly; the duration of life among the deaf and dumb, and the age of greater prevalence of deaf-mutism; deaf-dumbness in the United States, and institutions for the instruction of deaf mutes; an estimate of the number of the deaf and dumb in the known world."

*** *Godey's Lady's Book* for January has been for some time on our table awaiting a notice. We can only say of the "Book," that it continues to maintain the front rank of journals devoted to the interest, amusement and instruction of our wives and sisters.

Editorial.

MEDICAL SERVICE IN THE NAVY.

EDUCATION—COMPENSATION.

The character of medical education is such, attributable to the extensive competition of the various schools, that the government, nearly forty years ago, determined that the diploma alone was not a conclusive testimonial that its possessor was qualified to practice medicine and surgery safely in its military establishments. It was therefore resolved by the Navy Department, about the year 1824, that no person should be admitted into the medical corps who had not been previously examined by a board of experienced naval surgeons, and found qualified for appointment. Under this system, many who had not yet graduated were admitted, while many who had diplomas were rejected; and the same is true at the present day.

In May, 1858, a law was enacted which provides that "no person shall receive the appointment of assistant surgeon in the navy of the United States, unless he shall have been examined and approved by a board of naval surgeons, who shall be designated for that purpose by the Secretary of the Navy Department; and no person shall receive the appointment of Surgeon in the Navy of the United States, until he shall have served as an assistant surgeon at least two years, on board of a public vessel of the United States at sea, and unless, also, he shall have been examined and approved by a board of surgeons constituted as aforesaid." This law provided that assistant surgeons should receive thirty dollars a month and two rations a day, equal to $542 50 cents annually, and after five years' service they should be entitled to an examination, and if found qualified for promotion, they should each receive an addition of five dollars a month and one ration a day, making the annual pay $693 75; and after ten years' service, a further addition of five dollars a month and one ration a day, equivalent to a yearly salary of $845. The same law gave surgeons annually, for the first five years, $782; for the second five years, $933, for the third and fourth five years, $1,085; and after twenty years, $1,205.

At the present day it seems remarkable that the services of competent men could have been procured at such low rates of compensation. The passed assistant surgeon now receives at sea more pay than did the surgeon, after twenty years' service, in those days.

The present remuneration of medical officers was fixed by law in 1835, when the cost of living, in every part of the world, was about one half less than it is now. It is reasonable to hope, however, that Congress will, before it adjourns on the 4th of March next, do something to improve the condition of medical officers in this respect.

The annual salary of assistant surgeons, is $650 while waiting orders, and $950 while employed at sea or on shore. Passed assistant surgeons receive $850 while waiting orders; $1,150 while employed on shore, and $1,200 at sea. When it is remembered that, from the circumstances in which they are placed, especially when employed ashore or afloat, they are obliged to live at city rates of expense, it requires little reflection to satisfy any one that the remuneration is not sufficient to justify the luxury of wife and children, although a young man of economical habits may "make both ends meet," and afford a few dollars in the course of the year for the purchase of medical books, which is a necessity for every one who desires to keep himself informed of the progress of his profession.

There are now on the list 41 passed assistant surgeons. Of these one has been 14, one 13, three 12, eleven 11, four 10 and four 9 years in the navy, and seventeen 6, 7, and 8 years.

The pay of surgeons commences at $1,000, with an addition of $200 every five years until the completion of twenty years, when it is $1,800 a year. This pentennial increase should have continued at least up till it reached thirty years; then it would have been only $2,200. These rates are increased one-fourth to those employed on shore, and one-third to those employed at sea: so that a surgeon who

has been commissioned twenty years and upwards receives, while at sea, $2,400 per annum. But to obtain these rates, the medical officer must have served at least five years as assistant, prior to examination for promotion, and therefore, under the most favorable circumstances, must have served at least a quarter of century, before he can receive the highest pay.

There are no perquisites of any kind or description, except only a daily ration, valued at twenty-five cents, while at sea.

At best, the remuneration is only enough to afford a respectable living; but affords no fair opportunity to accumulate for the education of children, or to provide for widows or orphans.

In our next we propose to continue the discussion of the subject of medical education, in connection with a proposition now before the American Medical Association, to be acted on at its meeting in Louisville, in May next, suggesting the appointment of boards of examiners, through which admission is to be had into that body, with the ultimate view of making the diploma of the Association the evidence of the standing and acquirements of those who present themselves before the public as practitioners of medicine.

MAMMOTH FOSSIL SAURIAN.

At the meeting of the Academy of Natural Sciences, on Tuesday evening, December 13th, W. Parker Foulke presented to the Society a collection of large fossil bones, recently discovered in the marl of Mr. J. E. Hopkins' farm, near Haddonfield, New Jersey.

Prof. Leidy stated that these bones had belonged to a huge herbivorous lizard, closely allied to the great extinct *Iguanodon* of Europe. They, however, exhibit differences sufficiently great to characterize a distinct genus, for which the name of HADROSAURUS (*adros*, great; *saurus*, lizard) was proposed.

The teeth of the animal are of peculiar form, and are evidently adapted to the mastication of vegetable food. As those in use were worn out, they were followed by others in succession; and the different sets in use, and more or less developed within the jaws, were arranged together in quincuncial order.

The collection contains 27 vertebræ; and it was estimated that the animal had 30 to the trunk, including the sacrum, and 40 or 50 to the tail. The caudal vertebræ are comparatively of large size. One of them, from near the middle of the tail, indicates that in this position the latter was over 1½ feet in vertical thickness.

The entire length of the lizard was estimated to be in the neighborhood of 25 feet. The humerus is 23 inches long; the ulna 23 inches; and the radius 20 inches. The thigh bone is of enormous size, and measures 40 inches in length; the tibia is likewise of great bulk, and is 37 inches in length.

The great disproportion between the bones of the fore and hind leg, leads Prof. L. to suspect that the *Hadrosaurus* may have been capable of standing erect, kangaroo-like, sustained by its posterior extremities and long powerful tail, and such a position may have been frequently assumed for browsing. As, however, a considerable disproportion is frequently noticed between the corresponding parts of recent and well known extinct saurians, unaccompanied with any disposition to stand erect, it is not improbable that the great *Hadrosaurus* may have attained the ordinary procumbent position.

The species was named *Hadrosaurus Foulkii*, in honor of the donor of its remains to the Academy.

Our readers in New Jersey would greatly further the cause of science by observing the operations in the marl-beds which are found in so large a portion of the State, and preserving any fossil remains which may be brought to light, before they are destroyed by exposure to the air. If at any time such remains should come to the knowledge of any of them, we would be obliged if they would inform us.

☞ We regret very much the necessity of dividing the exceedingly interesting and instructive discussion on *Neuralgia*, a portion of which appears this week, but it was too long for insertion in a single number.

SYSTEMATIC CHARITY.

Poverty, in the primary acceptation of the word, carries the idea of destitution, indigence, and want of the necessaries of life, or at least of the comfortable means of subsistence. Disease and crime are, it is well known, its frequent accompaniments. Indeed, they are seldom long separated from it, hence the medical man, the jurist, and the political economist, are in common with the philanthropist as such, interested in the discussion of this question. Poverty may be honest, or its subject, unfortunate, having *a claim* inseparable from humanity, on those on whom Providence has bestowed greater worldly favors.

But, unfortunately for the worthy, ill-disposed and designing persons have used poverty as a cloak for deception and imposition in their most reprehensible forms, so that it is a serious question whether the indiscriminate bestowment of charity is not in the aggregate, productive of far more harm than good. "The poor ye have always with you," and it is no less a privilege than an obligation, for those who are able, to bear the burdens with their less fortunate and perhaps more worthy fellow beings. But it is justice and not charity that should be blind-folded. Theoretically, charity should scatter her gifts to the seemingly unfortunate with an unsparing, though unostentatious hand, without asking a question; but depraved human nature requires that the giver inform himself whether the recipient of his favors be worthy or not, for he may, unconsciously be contributing to the support of idleness and crime in their most revolting characters. And this should always be a DUTY in the bestowment of charity. The mistaken feeling that it is better to give, even if often imposed upon, than that any deserving poor should be turned away without relief, is fraught with much evil both to the community and to the poor themselves.

In our large cities, street begging has become such an intolerable nuisance that the municipal authorities have made provisions for the commitment of juvenile beggars to the House of Correction, and of adults as vagrants,—because, unfortunately, there is no intermediate place for them between the prison and the poor-house.

From what has been said above, it is evident that SYSTEM will do much toward a judicious application of charity funds, and the relief of the worthy poor. Toward the attainment of this end, we commend to the attention of philanthropists in this city, the letter of our Boston correspondent descriptive of the working of the "Provident Association" of that city. We have copies of the last Report of the Association, and its "Directory for 1858–9," which we would be glad to show to any one interested. A commendable feature in the working of this Association is the economy in its administration; the whole outlay for the most complete supervision of the requirements of the poor of the whole city of Boston, for office rent, fuel, light, salaries, and clerk hire for the seven months preceding May of this year—including the winter of 1857–8 when so many were out of employment—being only $1,270 02.

In consequence of the connection between disease and poverty, whether honest or assumed, and the great demand upon the professional charities of medical men, we as a profession are particularly interested in the question of the proper bestowment of alms whether in money or labor, and we need scarcely say that the arguments used against ordinary indiscriminate alms-giving, may be applied with equal force against indiscriminate attendance, without compensation on the part of the medical profession, on those who profess poverty. While there are few that do more for the poor than our profession, we are, perhaps, from the benevolent feature in our calling, more frequently imposed upon by designing persons clad in the garb of poverty, and using its oft told tales.

Correspondence.

BOSTON, DECEMBER, 1858.

Among the aids to physicians, nothing is of more importance than the ordinary comforts, which patients in the upper and middle classes enjoy. How often are the lower classes kept sick by the want of warm rooms, sufficient bed covering, and the right thing at the right time in the way of proper food. One's experience, at the beginning of medical practice in a large city, teaches him that medicine is not the one thing needful with the poor, yet he is obliged, for want of a deep pocket, to order from the dispensary some tonic to make the bread tolerable, which, without the tonic could not be forced down; to supply fuel internally, which fuel in the room would render unnecessary; and to give a sleeping draught, when a warm blanket would be the best hypnotic.

Dispensaries for medicine cannot do all. Other associations must step in and furnish their proportion. But how to distinguish between the applicants for necessary relief and the lazy beggar, is a question, which the wisest head has yet found no answer for. For the present, we must be occasionally cheated, and be satisfied with our motive, when we find, that, with good intent, we have given where relief was not needed.

There has been an association for several years in this city, which has been earnestly striving to do the right thing at the right time. The organization of this association—The Boston Provident Association,—extends over the whole city, which is divided into twelve districts, which are subdivided into one hundred and seventy-five sections, to each of which is appointed a visitor, whose duty it is to attend to every applicant for relief within his limits. In whatever part of the city persons may apply for charity, by means of the Directory and Reference Tickets, they may be referred directly to the visitor in whose section they may reside. The Directory is in two parts; the first contains a list of streets with a number attached, which is the number of the section to which it belongs. The second part is a list of visitors with their numbers. A short extract will show the mode of working.

LIST OF STREETS.

Canal,	38
Canton West,	149
Canton East,	157
Church—No. 1 to 20,	124
Cross—from No. 1 to 64,	37

NAMES OF VISITEOS.

District XI.

A. G. Wyman, jr., Secretary, 879 Washington st.
Hon. Henry Crocker, Treasurer, 6 Shawmut av.

143. Mrs. Fairbanks,	39 Dover street.
144. Rev. J. E. Barry,	20 West Orange.
145. Rev. P. Mason,	18 Dover Place.
146. John H. Butler,	9 Florence.
147. C. J. Bishop,	20 Milford.
148. W. W. Tobey,	870 Washington.
149. Miss A. L. Lovell,	17 Ashland avenue.

Now for the mode of operation. John Thompson or Tom Johnson calls at your house, with the statement that his family is sick; he is out of work, out of food, and needing bed clothing; he lives at No. — West Canton street. In the alphabetical list of streets, you find that West Canton street is in District XI., §149. In the list of visitors, you find that §149 is under the supervision of Miss A. L. Lovell, 17 Ashland aveuue. You take then one of the blank tickets, with which every subscriber is provided, and fill it out as follows:

BOSTON PROVIDENT ASSOCIATION.

Miss A. L. Lovell, Visitor, No. 17 Ashland avenue, will please visit John Thompson, No. — West Canton street, and oblige

L. M. N., *Member.*

Boston, Dec. 1st, 1858.

Mr. Thompson does not choose to be visited, because he is in pretty good circumstances, tears up his ticket, and tries somewhere else, with the same result; and so on, till he finds that he had better stop begging. Tom Johnson, on the other hand, who is in trouble, calls on the visitor, who then calls on him, finds him in want, and gives him an order for groceries, a blanket, a little wood, or something else; and if his child is sick, sees that the dispensary physician for the district is called in, and leaves the case, with the promise to call again.

The plan works well in Boston, and has almost entirely put a stop to street begging. As its merits become better known, it will fully accomplish that end, and be of inestimable value to the sick and the well poor.

I send you copies of their last report, and of their directory, which you may find of sufficient value to publish more extended extracts from, or call the attention of the non professional public to.

Yours, C. E. B.

Periscope.

New mode of dressing Fractured Clavicle.—In the *Chicago Med. Journ.*, Dr. J. W. Freer gives his own method for the treatment of this fracture, which seems to be simple, easy of application, and to answer all the indications. He applies a strip of adhesive plaster, two and a half to three inches wide, and long enough to extend from the under surface of the forearm, near the elbow of the injured side, to the shoulder opposite, the strap being applied about its middle to the form, and passing each end, one in front and the other behind, crossing on the shoulder, and lapping over. This must be drawn tight enough to bring the elbow firmly to the side and elevate the shoulders, a pad having been placed in the axilla to carry the shoulder outwards. Next, a similar strip is passed around the injured arm at the axilla, carried across the back under the arm opposite, and lapping upon the breast tight enough to bring the shoulder sufficiently far back. Finally the hand is supported by a silk handkerchief, attached to a loop of plaster over the sound shoulder. If it be necessary to make compression over the seat of fracture, this may be done by means of a strap placed under the elbow and over the shoulder of the injured side.

Medical News.

MARRIAGES.

FINLAY—ELLIOTT.—On Thursday, Dec. 23d, by Rev. F. McMahon, Dr. Edward S. Finlay, of New York, to Annabella H., daughter of Isaac Elliott of this city.

FULTON—PHIPPS.—On the 23d of Nov., by Rev. John V. Miller, John B. Fulton, M. D., of Mercer co., Pa.. to Miss Sarah Phipps' of Venango co., Pa.

GRYMES—PEYTON.—On the 23d Dec., at Washington, D. C., by the Rev. Wentworth L. Childs, Dr. James M. Grymes and Mary E. Peyton, eldest daughter of James M. Torbert, Esq.

RICHIE—BOYD.—On the 21st of Oct., at Huntsville, O., by Rev. Wm. Milroy, Robert W. Richie, M. D., of Philadelphia, to Miss Agnes, daughter of Robert Boyd, Esq.

DEATHS.

LEWIS.—At Ebensburgh, Pa., Oct. 20th, of croup, Hiram Gross, son of Dr. D. W, and Mrs. Maria Lewis, aged 2½ years.

LYON.—In New York, on Friday, Dec. 24th, of pulmonary phthisis, James L. Lyon, M. D., aged 50 years.

W. P. VASEY, M. D.

DIED, in this city, on Sunday last, the 26th inst., of pneumonia, Dr. Wilson P. Vasey, in the 31st year of his age.

Dr. Vasey was born in Bucks county, in this State. He graduated at the Jefferson Medical College, in the year 1851, and since that time has been well known as an active practitioner in the northern part of this city.

About a year ago he was appointed one of the physicians to the Charity Hospital, and held with credit the specialty of Diseases of the Respiratory Organs. Dr. Vasey was much beloved and respected. His manners were peculiarly sympathetic, affable and unassuming, and his daily professional intercourse with his numerous patients, was marked by a dignified attention to those properties of life which ever evince the innate gentleman, conciliating by his gentleness, and inspiring hopefulness and confidence by his earnest bearing. His practice was remarkably large and laborious, exceeding, perhaps, that of any one, of his years, in this city, and his early death may be attributable to the incidental exposure and harassing cares preying on a naturally feeble constitution. Those who know the toils of a large practice, in which the physician endures an abject slavery to the necessities or caprices of every one who chooses to disturb his repose, can comprehend such wearing out of body and mind.

From the time when he laid down his slender form, to rise no more, he expressed "his resignation to affliction, his faith in the divine goodness, his hope in the hereafter."

When the aged man is gathered, life-weary, to his repose, we can see in it, though it be in sorrow, but nature's finale,—but a short dark journey through the grave, to renew his youth at the wicket of elysium. But when the young and strong, flushed with the rosy hues of life's morning, are in haste summoned to the tomb, we cannot but associate with it a disruption in nature, an untimely blight, fearful and sad:

> "Yet, why should death be link'd with fear?
> A single breath—a low-drawn sigh—
> Can break the ties that bind us here,
> And waft the spirit to the sky." L.

NEW MEDICAL JOURNAL.—The St. Joseph, Mo., Medical Society has started a new medical journal, to be issued bi-monthly, Drs. J. H. Crane, O. B. Knode and G. C. Catlett, being the editorial committee. Our friends will find this an expensive luxury, but if they will sustain the enterprise it will serve the cause of medical progress. We wish it success.

☞ Dr. W. Pepper has resigned the position of Physician to Pennsylvania Hospital, to take effect immediately.

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 116. PHILADELPHIA, JANUARY 8, 1859. NEW SERIES, VOL. I. NO. 15.

[There having been a very large demand for the first number of our weekly series, containing an account of the various advantages presented in this city to the medical student, and in compliance with a desire expressed by many, we have concluded to republish that article. In doing so, we take the opportunity to make some essential modifications and corrections of some portions of it, as well as to add a number of items. We publish the article as EXTRA MATTER.—EDS.]

ACCOUNT OF THE HOSPITALS, SCHOOLS OF MEDICINE, PRIVATE LECTURES, EXAMINATIONS, ETC., IN PHILADELPHIA.

For the Session of 1858–9.

At the sacrifice of much time and labor, we have collected and arranged under their appropriate heads the advantages held out to medical students in this city. In doing this, we have been actuated by a sincere desire to promote the welfare of the schools, and of the city of our adoption, and to place before the student at a glance, the opportunities for medical study that this city offers—thus saving him much labor, besides introducing to his notice the various teachers who devote their time and attention to his advancement. In our arrangement we have sought to be absolutely impartial, as we think will be conceded after an examination of the following pages. Where precedence had to be given, we have given it to age. The private Lectures, Classes, etc., we have introduced as it happened, without any special order of precedence in view. The general result shows the very great importance that medical teaching has acquired in this city. We have here a formidable array of names, some of them of world-wide reputation, engaged in the business of medical teaching. A vast amount of talent and energy are expended here, which will or will not accomplish much, according to the direction in which it is expended. It will be our duty, as we shall esteem it our privilege, to use our influence to guide this talent and energy into right channels, where they may be of the utmost benefit to the student. We have elsewhere given expression to some ideas on the subject of medical education, which we shall endeavor to advocate until there is a radical change in the mode of ultimate admission to an honorable standing in the ranks of the profession. In the meantime, we shall use whatever influence we may have, to turn to the best account for the student the methods of instruction as they now exist in this country. As the hope of the future of the world centres in the children of this generation, so the hope of the medical profession rests upon those who now occupy the benches of our lecture and class-rooms. It is, therefore, of the utmost importance that the instruction imparted to them be sound and practical.

The student, who is sincerely desirous of improving his opportunities, will study a rational economy of time and money; will attend closely to his various—and, it must be admitted, arduous—duties; be always found at his place in the lecture or class-room; and his aim will be to acquire a *thorough* knowledge of his profession, as distinguished from a mere desire to "pass" his examination. The eye of the Professor readily distinguishes the *student* from the superficial *reader*, and on examination day, and through his whole life, he is well repaid for the close attention he gave to his studies.

The several Hospitals, Dispensaries and other institutions of this city, make appointments of recent graduates each spring and fall, thus presenting facilities for sound Hospital instruction unsurpassed in the country.

STUDENT'S EXPENSES.

To "sit down and count the cost," is an essential preliminary to every undertaking, and particularly so to the student of limited means, in respect to the outlay required in a course of medical study. The writer well remembers the bitter disappointment that met him at the threshold of his medical pupilage in this city, on finding that the estimates of expenses here, furnished him by a well-meaning, but careless friend, scarcely amounted to one-half what a very few days' experience foreshadowed.

In order to give the student a fair notion of the expense of a thorough course of medical instruction in this city, including two full courses of lectures and one summer's residence here under the tuition of a private preceptor, we have prepared

the following table of expenses. We would premise that, while endeavoring to make a liberal allowance for all *necessary* expenses, we have supposed that the student, while living comfortably, and denying himself no real advantage in the pursuit of his studies, practices the strictest economy.

80 weeks' board, including two full winter courses, and one summer course, at $4.00,	$320
Washing, Fuel and Light,	50
Professors' Tickets, two full sessions,	210
Matriculation Ticket,	5
Preceptor's Ticket, 1½ years,	150
Practical Anatomy, 1 course,	15
Hospital Ticket, 1 course,	10
Clothing,	100
Books,	100
Graduating Fee,	30
Outfit—Medicines and Instruments,	70
Extras,	20
	$1,080

For the sum, therefore, of one thousand and eighty dollars, it will be seen that the student who desires to study economy, can avail himself of the advantages held out to him in this city for two winter and one summer sessions, besides procuring a decent outfit in clothing, books, instruments and medicines. Of course, these estimates may be increased to an almost indefinite extent by those of more extravagant notions of living, enjoyment, etc., and they may possibly be reduced somewhat by practicing a still more strict economy in directions that will at once suggest themselves.

The above estimates naturally lead to the thought of the immense income that Philadelphia derives from her medical schools. At the low estimate of 1,100 students during a winter term, and allowing them the very moderate average expenditure of $450 each, we have an aggregate of about $500,000 of direct outlay—an estimate which we think is very far within the mark. These facts present a very strong reason why Philadelphia should cherish her schools of medicine.

Medical Colleges, &c.

MEDICAL DEPARTMENT OF THE UNIVERSITY OF PENNSYLVANIA.

LOCATION—*Ninth Street, above Chestnut.*

This is the oldest medical school in this country. The date of the appointment of the first medical professor was May 3, 1765. The idea of establishing a medical school in this city seems to have originated with Drs. Wm. Shippen and John Morgan. The latter gentleman was appointed, as above, "Professor of the Theory and Practice of Physic," and on the 23d of September following, Dr. Shippen received the appointment of Professor of Anatomy and Surgery. In 1768, Drs. ADAM KUHN and THOMAS BOND were added to the faculty, and on the 21st of June of that year the degree of Bachelor of Medicine was conferred on ten young men, being the first medical honors conferred in America. In 1769 Dr. BENJAMIN RUSH was added to the faculty. This may be said to have completed the organization of the school. It is not our purpose to follow its history any further.

The regular Lectures for the session of 1858-9 will commence on Monday, October 11th, and continue, without intermission, until the middle of March ensuing.

Abstract of Regulations for the Degree of Doctor of Medicine.

Candidates are required:—

To have attained the age of twenty-one; to be of good moral character; to have applied themselves to the study of Medicine for three years, and been during that time the private pupil, for two years at least, of a respectable practitioner of Medicine.

To have attended two complete courses of the following Lectures, one of which must be in this Institution:

Theory and Practice of Medicine; Anatomy; Materia Medica and Pharmacy; Chemistry; Surgery; Obstetrics, and the Diseases of Women and Children; Institutes of Medicine.

To have attended one course of Clinical Instruction in the Pennsylvania Hospital, or *some other* Institution approved of by the Faculty of Medicine.

To give evidence to the Dean that the above rules have been complied with.

To deliver to the Dean a Thesis, composed by himself, on some Medical subject, which is referred to one of the Professors, who shall examine the candidate upon it, and report to the Medical Faculty.

When a candidate is rejected, his essay will be retained by the Faculty.

The essay must be in the candidate's own handwriting, and must be written uniformly on letter-paper of the same size, the alternate pages being left blank.

Bad spelling in a thesis, or evidences of want of a literary culture, will preclude a candidate from examination for a degree.

A thesis may be published by a candidate if he desire it, with the permission of the Professor by whom he was examined thereon; but no alteration shall be made in such thesis without the consent of said Professor.

Candidates who have not been successful upon a first examination, will be permitted to have a second, when all the classes have been disposed of. This examination will be conducted in full meeting of the Professors.

Candidates shall pay the fees of graduation at the time of examination.

The Degree will not be conferred upon a candidate who absents himself from the Public Commencement, except by special permission of the Medical Faculty.

EXPENSES.

Fees for the Course of Lectures, - -	$105
Matriculating Fee, (paid once only,) -	5
Graduating Fee, - - - -	30

The Wistar and Horner Museum contains an extensive Anatomical and Pathological collection, which is open to the students free of cost.

Apply to R. E. ROGERS, M.D., *Dean, at the University.*

—

ANATOMICAL ROOMS.

JOSEPH LEIDY, M.D., Professor.
WM. HUNT, M.D., Demonstrator.

Assistants.

JAS. DARRACH, M.D. | H. D. SCHMIDT, M.D.

The ticket admits to the Dissecting-room, and to a course on Regional Anatomy and Recapitulatory Lectures. Dr. SCHMIDT gives instruction in Microscopy.

FEE, $10.

—

OPERATIVE SURGERY AND BANDAGING.

HENRY H. SMITH, M.D., Professor.
C. S. BISHOP, M.D., Demonstrator.
EDWARD SHIPPEN, M.D., Assistant Demonst.

The rooms, which are in the University building, are open on the 27th of September, and continue till the 1st of March ensuing. The course embraces the entire treatment of Fractures, Luxations, etc., with the application by each student of the proper bandages and splints. The order of the course coincides with that of the Professor of Surgery in the University of Pennsylvania, who, during the early part of the course, delivers a lecture every Monday evening.

The room is open every evening (except Saturday) from 7 till 10 o'clock. After the 5th of January, surgical operations are performed on the cadaver by each member of the class.

FEE, $10.

JEFFERSON MEDICAL COLLEGE.

LOCATION—*Tenth street, below Chestnut.*

Established in 1825, by the exertions of Dr. George McClellan, in connection with the Jefferson College at Canonsburg, Washington county, Pa., which arrangement continued until 1838, when a separate charter was obtained, and the connection ceased. The first building was the old Tivoli Theatre, in Prune street, below Sixth, now a mineral water establishment, where it remained till 1828, when the class becoming larger, it was removed to the present location, and the present building was erected. The faculty has been changed several times, but the present professors, with the exception of those recently appointed, have held their posts since 1840. Death has broken their ranks in one instance, while two others of the faculty have resigned from ill health.

The regular course of lectures for the Session of 1858–9 will commence October 11th, and continue till March 1st ensuing.

Regulations for the Degree.

Candidates are required:—

To be of good moral character, and at least twenty-one years of age; to have attended two full courses of lectures in some respectable Medical School, one of which shall have been in this College, and must exhibit their tickets, or other adequate evidence thereof, to the Dean of the Faculty; to have studied medicine for not less than three years, and have attended at least one course of clinical instruction in an Institution approved by the Faculty.

To present to the Dean of the Faculty a thesis, of his own composition, correctly written, and in his own handwriting, on some medical subject; and exhibit to the Faculty, at his examination, satisfactory evidence of his professional attainments. If, after examination for a degree, the candidate, on ballot, shall be found to have received three negative votes, he shall be entitled to a fresh examination. Should he decline this, he may withdraw his thesis, and not be considered as rejected.

The degree will not be conferred upon any candidate who absents himself from the public Commencement, except by special permission of the Faculty.

EXPENSES.

Fees for the course of Lectures, - - -	$105
Matriculating fee, (paid once only,) - -	5
Graduating fee, - - - - - -	30

There is a fine collection of anatomical and pathological specimens in the Museum.

Apply to R. DUNGLISON, M. D., 1116 *Girard st, or at the College.*

ANATOMICAL ROOMS.

JOS. PANCOAST, M. D., Professor.

E. WALLACE, M. D., Demonstrator.

The ticket admits to the Dissecting-rooms, and also to a course of Recapitulatory Lectures.

FEE, $10.

MEDICAL DEPARTMENT OF PENNSYLVANIA COLLEGE.

LOCATION—*Ninth street, below Locust.*

This Institution was founded in 1839, and authorized to confer degrees in 1840. The regular course of Lectures for the session of 1858–9 will commence on Monday, October 11th, and continue, without intermission, until the 1st of March ensuing.

Requsites for Graduation.

Candidates are required:

To have attained the age of twenty-one years; to be of good moral character; to have applied themselves to the study of medicine for three years, (courses of lectures included,) and to have been during that time the pupil, for at least two years, of a respectable practitioner of medicine.

To have attended two complete courses of lectures on all the branches, one of which must have been in this institution.

To have attended at least one course of Clinical Instruction in some institution approved by the Faculty, and one course of Practical Anatomy.

To present to the Registrar a thesis composed by himself, on some medical subject, in the English, Latin, German or French language. It must be in the candidate's own handwriting, and written correctly, uniformly and distinctly. The Faculty, regarding this essay as evidence of the preliminary education of the candidate, will rigidly scrutinize it in regard to his attainments.

To pay his Graduation Fee at or before the time of his examination, which, if the candidate is unsuccessful, is returned, but the thesis is retained.

The degree will not be conferred on any candidate who absents himself from the public Commencement, without the permission of the Faculty.

EXPENSES.

Matriculation Fee, (paid once only,) - -	$5
Graduation Fee, - - - - - -	30
Fee for each Ticket, - - - - -	15

Apply to F. G. SMITH, M. D., *Registrar*, 1504 *Walnut st., or at the College.*

ANATOMICAL ROOMS.

J. H. B. MCCLELLAN, M. D., Professor.

J. F. BELL, M. D., Demonstrator.

The rooms are open during the day, and until 10 o'clock in the evening, from the latter part of September to the 1st of May.

FEE, $10.

PHILADELPHIA COLLEGE OF MEDICINE.

LOCATION—*Fifth Street, below Walnut.*

This College commences its twenty-third session this fall. It was re-organized with the present Faculty in 1854.

The regular course of lectures for the session of 1858–9 will begin on Monday, October 11th, and continue till March ensuing.

Requirements for Graduation.

Candidates are required;—

To be of good and approved moral character; to have studied medicine for the period of three years in the office of a respectable practitioner; to have attended two or more full courses of Lectures on Anatomy, Chemistry, Materia Medica, Practice of Medicine, Surgery, Midwifery and Institutes, one of which shall have been in this institution, and the other in some Medical School recognized by it; to have attended at least one course of Practical Anatomy, and one course of Hospital Practice, or its equivalent.

To submit to the Faculty a satisfactory thesis on some medical subject, selected by himself, and written in his own hand, on thesis paper, in English, Spanish, French, German or Latin; and that he shall pass a satisfactory examination before the Faculty.

Premature examinations will not be granted, except under circumstances of extraordinary urgency and imperativeness, and only to unusually advanced students.

A copy of the Code of Ethics of the American Medical Association is presented to each Graduate, at the Commencement, with his Diploma.

EXPENSES.

Matriculation Fee, (paid once only,) - -	$5
A full Winter Course, - - - - -	100
A Perpetual Ticket, - - - - -	150
Graduation Fee, (to be deposited with the thesis,) - - - - - - - -	30

The College possesses an extensive Anatomical and Pathological Museum, besides an abundance of preparations for demonstrating each course of lectures. A commodious and well lighted and warmed Reading Room is provided for the use of the students. Each second-course student, or holder of a perpetual ticket, is provided with a free ticket to the Pennsylvania Hospital.

Apply to B. H. RAND, M. D., *Dean*, 130 *South Ninth St., or at the College.*

ANATOMICAL ROOMS.

W. H. GOBRECHT, M. D., Professor.

W. BRADLEY, M. D. Demonstrator.

Material for the pursuit of Practical Anatomy provided, free of charge.

FEE, $10.

SUMMER SUPPLEMNTARY COURSE.

This course begins early in April, and continues about three months, three lectures being given each day on important branches which are necessarily excluded from the Winter Course for want of time. These lectures are upon the following subjects:—The Application of the Microscope to Physiology, Pathology and Diagnosis; Practical Pharmacy; Diseases of the Eye, Ear and Genito-Urinary Organs; Infants and their Diseases; General Pathology, Semiology and Therapeutics; Physical Diagnosis; General and Organic Chemistry; Topographical Anatomy, and Medical Jurisprudence and Toxicology. Graduates of this College—those who hold the Perpetual Ticket, and those who have paid for two full courses—will be admitted to this course without charge. (It is optional with the student whether he takes the Supplementary Course.)

EXPENSES.

For the whole course, - - - - -	$35
Single ticket upon either branch, - - -	7

Apply as above.

PHILADELPHIA COLLEGE OF PHARMACY.

LOCATION—*Zane St., between Seventh and Eighth, and Arch and Market.*

The 38th course of Lectures in this college begins on the 1st of October. The Lectures are given on Monday, Wednesday and Friday *evenings* of every week through the winter, at 7 and at 8 o'clock. The branches taught are *General Chemistry*, *Practical Pharmacy*, and *Materia Medica*.

Candidates for graduation are required:—

To attend two full courses of Lectures in a respectable College of Pharmacy, the last of which shall be in this institution.

To be of good moral character.

To have arrived at the age of twenty-one years.

To have served an apprenticeship of four years at the Drug and Apothecary business.

To present an original dissertation on a subject connected with one of the branches taught.

And to pass an examination before the Faculty and Committee of the College.

FEES.

For each course of Lectures, - -	$8
Matriculation Fee, (paid but once,) - -	2
Graduating Fee, - - - -	5

Apply to ALFRED B. TAYLOR, *Secretary, S. E. cor. Ninth and Walnut Sts.*

PHILADELPHIA COLLEGE OF DENTAL SURGERY.

LOCATION—*No. 528 Arch Street.*

The Lectures commence on Monday, the 1st of November, but the Dispensary and Laboratory will be open from the 1st of October. Clinical Lectures are delivered, and operations performed, every Saturday afternoon. Fifteen lectures are delivered each week, on the various branches taught in the school.

There are five professorships, viz.: of Dental Physiology and Operative Dentistry; of Chemistry and Metallurgy; of the Principles of Dental Surgery and Therapeutics; of Anatomy and Physiology; and of Mechanical Dentistry; also, a Demonstrator of Operative Dentistry, and one of Mechanical Dentistry.

Candidates for graduation are required:—

To be twenty-one years of age, and of good moral character.

To have studied under a private preceptor at least two years, including his course of instruction at the College.

To have attended two full courses of lectures—the first in any respectable Dental or Medical College, and the last in this institution. (Five years of practice, inclusive of the term of pupilage, will also be considered equivalent to the first course of lectures.)

To prepare and defend a thesis upon some subject connected with the theory or practice of dentistry.

To treat thoroughly some patient requiring all the usual dental operations, and bring such patient before the Professor of Operative Dentistry. He must also take up at least one artificial case, and, after it is completed, bring his patient before the Professor of Mechanical Dentistry.

To prepare a specimen case, to be deposited in the College collection.

To perform the operations and the work in the artificial cases at the College building.

To undergo an examination by the Faculty, when, if found qualified, he shall receive the Degree of Doctor of Dental Surgery.

FEES.

For the course, (Demonstrator's ticket included,) - - - -	$100
Matriculation, (paid but once,) - -	5
Diploma Fee, - - - -	30

Apply to DR. T. L. BUCKINGHAM, *Dean, 243 North Ninth Street.*

THE POLYTECHNIC COLLEGE.

LOCATION—*Market Street and West Penn Square.*

This Institution comprises a Preparatory Department, and five Technical Schools, viz.: of Civil Engineering; of Mechanical Engineering; of Mines; of Chemistry, and an Agricultural School.

This institution affords those who desire it an excellent opportunity of pursuing a scientific and practical course in any of the Industrial Professions. Students are admitted to partial courses without examination.

The following are the professorships:

Applied Mathematics, Civil Engineering and Mechanics; Geology and Mine Engineering; Mineralogy, Industrial, Analytical and Agricultural Chemistry; Mechanical, Topographical and Architectural Drawing; Modern Languages and Literature; and a Lecturer on Industrial Jurisprudence.

Apply to ALFRED L. KENNEDY, M.D., *at the College.*

Practical Anatomy.

PHILADELPHIA SCHOOL OF ANATOMY.

LOCATION—*College Avenue.*

Entrance on Tenth Street, above Chestnut.

The Winter Term begins on the 1st of September, and continues till the 1st of March. The Anatomical Rooms are open for the pursuit of Practical Anatomy from 8, A.M., until 10 P.M.

There are five Lectures given every week, four being devoted to Special, and one to Surgical Anatomy. The lectures are given in the evening, at an hour that will not interfere with the exercises in the different institutions.

The Medical Colleges leave it optional with the student where he takes his Dissecting-ticket. The opportunities for the prosecution of Practical Anatomy are equal to those in any of the colleges. There is a complete Anatomical Museum for purposes of demonstration.

A *Spring Course*, on Practical, General and Surgical Anatomy, is given, commencing early in April.

Lecturer—D. H. Agnew, M.D.

Demonstrators—Drs. Levis, Kane, Asch and Flinn.

FEE, $10.

A course of examinations is given on all the branches of medicine, commencing about the 1st of January, and continuing to the close of the College examinations for the Degree.

Apply to DR. AGNEW, *No.* 16 *North Eleventh Street, or at the Rooms.*

COLLEGE AVENUE ANATOMICAL SCHOOL.

LOCATION—*College Avenue.*

Entrance on Tenth Street, above Chestnut.

The Winter term begins on the 1st of September, and continues till the 1st of March. The Anatomical Rooms are open for the pursuit of Practical Anatomy every day, from 8, A.M., until 10, P.M.

There are five Lectures given every week, four of which will be devoted to General Anatomy, and one to Surgical Anatomy. The Lectures are given in the evening, at an hour that will not interfere with the exercises in the different institutions.

The Medical Colleges make it optional with the student where he takes his Dissecting-ticket. The opportunities for the prosecution of Practical Anatomy are equal to those in any of the Colleges. There is a complete Anatomical museum for purposes of demonstration.

Lecturer—W. S. Forbes, M.D.

Demonstrator—W. D. Hoyt, M.D,

FEE, $10.

These rooms are also open during the spring and summer months, to gentlemen wishing to prosecute *Practical Anatomy* and *Operative Surgery.*

Apply to DR. FORBES, 257 *South* 17*th street, or at the Rooms.*

Hospitals.

PENNSYLVANIA HOSPITAL.

LOCATION—*The Square bounded by Eighth and Ninth and Spruce and Walnut Streets.*

This institution was founded in 1751, by Dr. BOND and BENJAMIN FRANKLIN. It was first located on Market street, west of Fifth, south side; but removed to its present location in 1754. The present building was erected in 1756. It has a front of 281 feet, and is surrounded by spacious gardens, and shaded by lofty trees—the square on which it stands containing four and a quarter acres of ground. It has accommodation for —— patients. During the year 1857 there were 1,075 surgical and 747 medical cases admitted.

Physicians.	*Term of Service.*	*Surgeons.*
GEO. B. WOOD, M.D.	Nov. 1 to Feb. 1	
	Oct. 1 to Jan. 1	G. W. NORRIS, M.D.
W. W. GERHARD, M.D.	Feb. 1 to May 1	
	Jan. 1 to April 1	E. PEACE, M.D.
J. J. LEVICK, M.D.	May 1 to Aug. 1	
	April 1 to July 1	JOHN NEILL, M.D.
—— ——*	Aug. 1 to Nov. 1	
	July 1 to Oct. 1	JOS. PANCOAST, M.D.

Resident Physicians.

A. H. SMITH, M. D., J. H. HUTCHINSON, M. D., H. L. HODGE, M. D.

Apothecary—JOHN CONRAD, M.D.

Clerk and Librarian—DAVID T. LEWIS.

Times of Attendance of Medical Officers.

The Physicians give Clinical Lectures in the lecture-room of the Hospital at 10 o'clock A.M., on each Wednesday and Saturday of their term of service, and the Surgeons give Clinical Lectures on Surgery at 11 o'clock on the same days during their term of service.

During the summer months, besides the bi-weekly clinics, *daily visits* are made with a limited number of pupils to the surgical and medical wards re-

* DR. PEPPER having recently resigned, no appointment has yet been made to fill the vacancy.

spectively, by Drs. NEILL, GERHARD and LEVICK, an additional opportunity being thus afforded the student to familiarize himself with the diagnosis and treatment of disease.

This Hospital possesses much the largest medical library in this country, the collection amounting to over 10,000 volumes. It was founded, and is supported, by the fees derived from students' tickets.

EXPENSES.

A fee of $10 entitles the student to the privileges of the Hospital for a year, including the use of the Library, under certain restrictions.

Apply at the Hospital, or to the Deans of the several Colleges.

PENNSYLVANIA HOSPITAL FOR THE INSANE.

This is a branch of the Pennsylvania Hospital, a section of that building having been appropriated to the use of the Insane till 1841, when the Insane patients were removed to the new structure, two miles west of the river Schuylkill. Extensive additions have recently been made to the buildings. On the 24th of April last, there were 235 patients in this department of the Pennsylvania Hospital.

Physician—THOS S. KIRKBRIDE, M. D.

Assistant Physician.—EDWARD A. SMITH, M. D.

PHILADELPHIA HOSPITAL, BLOCKLEY.

LOCATION—*West Side of the Schuylkill River, about half a mile below Market street.*

This is one of the most extensive institutions of the kind in the United States, having large buildings for the accommodation of the sick and insane.

It is divided into male and female wards; the former being again divided into surgical, medical, venereal, and clinical. The latter into the same, with the addition of obstetrical, nursery, and asylum for children. Here may be seen every variety of malady to which the human frame is liable. During the winter and the lecture season, students are admitted to the public clinics by the payment of $5, which entitles the holder to visit it for one year. It is easily reached by means of the Market Street Passenger Railway.

This institution is managed by the Guardians of the Poor, elected each year by the people, and its whole support is derived from the poor-tax of the city. The Medical Board consists of a Resident Physician-in-chief, who lives in the building and superintends the general management. Four consulting physicians, four consulting surgeons, and eight assistants or "*Internes*," the latter holding their office for two years.

MEDICAL OFFICERS.

R. K. SMITH, M. D., Chief Resident Physician.

Physicians.	*Terms of Service.*	*Surgeons.*
Jos. Carson, M. D.,	Oct., Nov., Dec.,	John Neill, M. D.
J. B. Biddle, M. D.,	Jan., Feb., March,	D. H. Agnew, M. D.
J. A. Meigs, M. D.,	April, May, June,	R. J. Levis, M. D.
J. Da Costa, M. D.,	July, Aug., Sept.,	W. S. Halsey, M. D.

Obstetricians.—R. A. F. Penrose, M. D., October to April, inclusive; Ely McClellan, M. D., April to October, inclusive.

Psychological Medicine.—R. K. Smith, M. D.

WILL'S HOSPITAL

FOR DISEASES OF THE EYE AND LIMBS.

LOCATION—*Race street, between Eighteenth and Nineteenth, opposite Logan Square.*

Founded by the late JAMES WILLS, and opened for occupation March 1st, 1834. Devoted to the treatment of curable diseases of the eyes, and of such curable diseases of the limbs as involve lameness. From 1500 to 2000 patients are treated in the course of the year, and there is an average of from thirty to fifty inmates.

Clinical Days—Mondays and Fridays.

Physicians.	*Term of Service.*	*Surgeons.*
J. J. Levick, M. D.,	Jan., Feb., March,	E. Hartshorne, M. D.
J. J. Reese, M. D.,	April, May, June,	S. Littell, M. D.
S. L. Hollingsworth, M. D.,	July, Aug., Sept.,	Wm. Hunt, M. D.
J. L. Tyson, M. D.,	Oct., Nov., Dec,	A. Hewson, M. D.

EDWARD LIVEZEY, M. D., *Resident Physician.*

CITY HOSPITAL.

LOCATION—*Coates street, between Nineteenth and Twentieth.*

Established by an Act of the Legislature in 1810, as a Small-pox Hospital, and used chiefly for small pox, ship fever and cholera patients. It occupies with its grounds, an entire square. There are accommodations for 150 beds, and a few cases of contagious or pestilential disease are generally to be found in the hospital, while, during epidemics, a large number of cases are received and treated. Steps have recently been taken by the City Councils to remove this hospital to a more eligible location, about two miles due north of its present site.

Physician.—L. W. BUFFINGTON, M. D., No. 1602 Filbert street.

ST. JOSEPH'S HOSPITAL.

LOCATION—*Girard avenue, between Sixteenth and Seventeenth streets.*

This institution, which is under the immediate supervision of ladies of the religious order of St. Joseph, was founded in 1849, in great measure through the influence of the late Dr. W. E. HORNER. He bequeathed to the hospital his medical library and his collection of surgical instruments. By the terms of its charter, the benefits and advantages of the hospital are "extended to the sick, without

reference to creed, country or color." Through the influence of Dr. HORNER, we believe, it is also provided that the medical staff shall not be of a sectarian character. The hospital has accommodations for 100 patients.

Physicians.	*Terms of Service.*	*Surgeons.*
S. W. Mitchell, M. D.,	Jan. 1 to May 1,	J. H. B. M'Clellan, M. D.
A. B. Keller, M. D.,	May 1 to Sept. 1,	W. B. Page, M. D.
W. V. Keating, M. D.,	Sept. 1 to Jan. 1,	Henry H. Smith, M. D.

Accoucheurs.—B. McNeil, M. D., A. C. Bournonville, M. D., J. D. Bryant, M. D.

Pathologist.—Joseph Leidy, M. D.

Resident Physicians.—Drs. G. C. Harlan and —— Weber.

Apply at the Hospital or to any of the Surgeons or Physicians.

EPISCOPAL HOSPITAL.

LOCATION—*Corner of Huntingdon and Front streets.*

Founded by members of the Episcopal Church, but open to the sick of every country, creed or color. Opened for the reception of patients in December, 1853. Has accommodations for thirty patients. The number of patients treated in the wards during 1857 was 338, the average daily number having been thirty. In addition to these, 2136 out-patients were treated.

Physicians.	*Terms of Service.*	*Surgeons.*
J. C. Morris, M. D..	Jan., Feb, March,	Wm. Hunt, M. D.
J. B. Biddle, M. D.,	April, May, June,	H. E. Drayton, M. D.
J. Da Costa, M. D.,	July, Aug., Sept.,	R. S. Kenderdine, M. D.
Wm. Maybury, M. D.	Oct., Nov., Dec.,	R. P. Thomas, M. D.

Accoucheurs.—J. Wiltbank, M. D., Jan. 1 to July 1; A. E. Stocker, M. D., July 1 to Jan. 1.

House Residents—Drs. Henry S. Schell and Sam'l C. Sharpe.

There is a corps of ten assistant physicians and surgeons.

Apply to Rev. J. A. CHILDS, 524 *Walnut street.*

CHILDREN'S HOSPITAL.

LOCATION—*Blight street, between Juniper and Broad and Pine and Lombard streets.*

This institution has been in operation since November, 1855. It was established to meet an obvious want, there being no institution in the city devoted to the special treatment of diseases of children. "It aims to supply to the children of the poor in sickness, a portion of the care and comforts which are enjoyed by the more favored classes—to surround them with circumstances favorable to recovery."

The hospital has accommodations for — patients, with the means of isolating particular cases. It has quite an extensive out-door department in which during the year just closed — patients were treated.

Attending Physicians—T. Hewson Bache, M. D., Francis W. Lewis, M. D., and R. A. F. Penrose, M. D.

Consulting Physicians.—Wm. Pepper, M. D., J. Forsyth Meigs, M. D.

Consulting Surgeon—George W. Norris, M. D.

UNIVERSITY HOSPITAL AND DISPENSARY.

LOCATION—*At the University.*

Established by the Professors chiefly for the benefit of the students of the University, to whom its privileges are free. Clinics are held by the Professors on Wednesdays and Saturdays, from 12 M. to 2 P. M. There is also a daily clinic at the Dispensary.

During the past year, 4500 cases were treated at the Dispensary, many of whom were prescribed for, or operated upon, in presence of the class. A limited number of beds are provided.

JEFFERSON COLLEGE HOSPITAL AND DISPENSARY.

LOCATION—*At the Jefferson Medical College.*

Established by the Professors chiefly for the benefit of the students of Jefferson College, to whom its privileges are free. Clinics are held by the Professors on every Wednesday and Saturday, from 12 M. to 2 P. M. There is also a daily clinic at the Dispensary.

During the past year 1600 cases were brought before the class. A limited number of beds are provided.

PENNSYLVANIA COLLEGE HOSPITAL AND DISPENSARY.

LOCATION—*Adjoining the Pennsylvania Medical College.*

This Hospital and Dispensary have been established for the special benefit of the students of the College, to whom its privileges are free. Clinics are held by the Professors on Wednesdays and Saturdays, from 12 M. to 2 P. M. A limited number of beds are provided. There is also a daily clinic.

PHILADELPHIA COLLEGE HOSPITAL AND DISPENSARY.

LOCATION—*At the Philadelphia College of Medicine.*

Established for the special benefit of the students of the College, to whom its privileges are free. Clinical instruction is given on Wednesdays and Saturdays by the Professors, from 12 M. to 2 P. M., and there is an Obstetrical clinic on Mondays, under the care of the Professor of Obstetrics, at which students will be made practically acquainted with the diseases peculiar to women, the use of the speculum, &c.

LAZARETTO HOSPITAL AND QUARANTINE STATION.

This is situated on Tinicum Island, about twelve miles below the city, and has a resident physician, whose duties are similar to those of quarantine physicians generally.

FRIENDS' ASYLUM FOR THE INSANE.

This institution is under the care of the Society of Friends, and is located near Frankford. It was one of the first establishments of the kind in the United States.

Physician and Superintendent—J. H. WORTHINGTON, M. D.

PRESTON RETREAT.

LOCATION—*In the northwestern part of the city.*

This was established by the late Dr. JONAS PRESTON, as a Lying-in-Hospital, but the commercial disasters of 1837 destroying the greater part of the fund set apart for its endowment, has delayed the execution of the design of the founder. The building is now occupied by *The Foster Home Association.*

We are informed that there is a fund in existence, independent of the above, for the purpose of establishing a

HOSPITAL FOR WOMEN,

and efforts are being made to unite it with the above Institution, which it is hoped will soon be done, as such an establishment is needed.

CHARITY HOSPITAL.

LOCATION—*Buttonwood St., below Broad.*

This Institution, which was opened for the reception of patients in 1857, is temporarily located as above. Its original plan embraces a wide range of usefulness, but as the enterprise is in its infancy, the intentions of the originators of the enterprise are not yet fully carried out. There is an Obstetric department, also a Dispensary connected with the Hospital.

MEDICAL BOARD.

President, A. C. HART, M.D.
James Bryan, M.D., A. W. Griffiths, M.D.
H. St. Clair Ash, M.D., W. P. Vasey, M.D.*
B. Price, M. D., W. E. Weatherly, M.D.
Secretary, S. Updegrove, M.D
Treasurer, Z. Ring Jones, M.D.

PHILADELPHIA LYING-IN CHARITY.

LOCATION—931 *Race Street.*

Physicians.

E. WILSON, M.D., 1339 Arch Street.
J. M. CORSE, M.D., 150 N. Tenth Street.

* Deceased, December, 1858.

Four practical courses in Obstetrics are given each year, by the attending phycicians, as follows:
Course beginning on the 14th of February.
" " " 6th of May.
Dr. Wilson, *Lecturer*, Dr. Corse, *Clinical Instruction.*
Course beginning on the 5th of September.
" " " 24th of November.
Dr. Corse, *Lecturer*, Dr. Wilson, *Clinical Instruction.*

Each course continues about eleven weeks, and includes fifty lessons on the great principles of Obstetric Science, and the practical details of the art, and these, when the pupil is prepared by manipulations on the manikin, are verified by opportunities of observing cases.

The members of each class have in rotation the patients of the PHILADELPHIA DISPENSARY, PHILADELPHIA LYING-IN CHARITY and PHILADELPHIA NURSE SOCIETY, assigned them for their care and attendance, with the aid of the Assistants, if necessary, and under the supervision of the Principals.

In addition to the Obstetric course, a Clinic will be held every Saturday, at 9 o'clock A. M., for the treatment of DISEASES OF WOMEN.

Fee for the Obstetric Course, - - $15
Fee for Clinical Course, - - - 10

Apply at the Nurses' Home, 931 Race Street, or to either of the Physicians, as above.

HOME FOR INVALIDS WITH DISEASES OF THE CHEST.

LOCATION—*S. W. Corner of Chestnut and Park Sts., W. Philadelphia.*

This Institution has been established mainly by the liberality of our townsman, SAMUEL S. WHITE, Esq. Its object is to afford to those afflicted with Diseases of the Chest, such hygienic and medicinal treatment as they cannot obtain at their private residences. The locality is an elevated and healthful one in West Philadelphia, and is easy of access from the business part of the city. The establishment is well provided with all the modern conveniences, and the rooms are large, cheerful and airy.

It is intended to establish an Eleemosynary Department for the worthy poor, as soon as a sufficient capital is obtained.

GEO. J. ZEIGLER, M. D., is the attending, and Professor SAMUEL JACKSON, M. D., the consulting Physician.

Apply to Dr. Zeigler, Chestnut St., above Fifteenth.

WESTERN CLINICAL INFIRMARY.

LOCATION—*Christian Street, above Fifteenth.*

This Institution was chartered in 1854, and now contains fifty beds. It has a board of ten physicians, each of whom devotes himself to a special branch of Medicine and Surgery. Clinics are held on each

day, at specified hours. Accidents are admitted if brought immediately after to the Infirmary; curable and incurable cases, which are able to pay their board; such poor as may be deemed worthy objects of charity. Since its organization to the present time, 9,019 patients have been treated here, over 2,000 of which belong to the last year.

The Institution is supported by subscriptions and donations. Two Resident Physicians are always present to attend to cases and applications.

A. A. CARRUTH, M. D., and THOS. P. HOLLOWAY, M. D., *Resident Physicians.*

ORDER OF CLINICAL COURSE.

Diseases of the Digestive Organs.

Dr. Joseph Klapp, 622 Spruce street. Mondays and Thursdays at 5 o'clock P. M.

Chest and Throat.

Dr. J. A. Meigs, 1531 Lombard street. Tuesdays and Fridays at 10 o'clock A. M.

Skin.

Dr. O. H. Partridge, 631 Spruce street. Tuesdays and Fridays at 4 o'clock P. M.

Eye and Ear.

Dr. L. Turnbull, 1208 Spruce street. Wednesdays and Saturdays at 10 o'clock A. M.

Urinary Organs.

Dr. Charles Neff, 1901 Chestnut street. Mondays and Thursdays at 12 o'clock M.

Obstetrics and Diseases of Women.

Dr. E. McClellan, 1441 Walnut street. Tuesdays and Fridays at 12 o'clock M.

Fevers.

Dr. W. Darrach, 1120 Arch street. Wednesdays and Saturdays at 12 o'clock M.

Brain and Nervous System.

Dr. Geo. R. Morehouse, 227 South Ninth street. Wednesdays and Saturdays at 5 o'clock P. M.

Surgery.

Drs. D. D. Clark, 294 South Third street, and R. L. Madison, 204 South Eleventh street. Wednesdays and Saturdays at 9 o'clock A. M.

Dispensaries.

PHILADELPHIA DISPENSARY.

LOCATION—*Fifth Street, below Chestnut.*

Excellent opportunities are afforded at this Dispensary for the observation and study of diseases and minor surgery. It is the oldest Dispensary in Philadelphia, having been instituted April 12th, 1786. During the year 1857, 8,072 patients were treated, and there were 435 in the obstetric department. There were 26,000 prescriptions compounded.

Consulting Physicians and Surgeons—Drs. William Darrach, H. L. Hodge, G. W. Norris, and W. W. Gerhard.

Obstetric Physicians—Drs. E. Wilson, J. M. Corse.

Resident Physician and Apothecary—Dr. George Martin.

Apply at the Dispensary.

NORTHERN DISPENSARY.

LOCATION—*No. 106 Spring Garden Street.*

Instituted October 1st, 1816. This Dispensary affords an excellent opportunity for the study of pharmacy and minor surgery.

During the year ending December 31st, 1857, 6,973 patients were admitted to the care of the Dispensary, and 12,600 prescriptions compounded; and in the Lying-in Department 41 patients were attended.

Consulting Surgeons—Drs. P. B. Goddard, T. D. Mutter, D. Gilbert, and R. P. Thomas.

Consulting Physicians—Drs. S. Jackson, C. Noble, I. Remington, M. M. Levis, J. R. Bryan, and W. Maybury.

Consulting Physicians to the Lying-in Department—Drs. H. L. Hodge, B. S. Janney, C. D. Meigs, T. H. Yardley, and J. Rhein.

There are eight attending Physicians and Surgeons throughout the District.

Apply at the Dispensary.

MEDICAL DEPARTMENT OF THE HOUSE OF INDUSTRY.

LOCATION—*Catharine Street, above Seventh.*

This was formerly the Moyamensing Dispensary, but was shortly merged with the Moyamensing House of Industry, and has rendered much service to the poor.

A large number of cases have been attended, both at its daily clinics and by its attending physicians. That portion of Philadelphia below South street comprises its limits, which is divided into four districts, each attended by a Physician. Applications for attendance are made at the Dispensary, to the Resident Apothecary, who directs them to the proper attendant. During the last year, —— cases have been attended.

Special Lectures.

PRACTICAL INSTRUCTION IN PHARMACY AND MATERIA MEDICA.

Mr. Edward Parrish, Pharmaceutist, gives a course of Lectures on Practical Pharmacy at his Laboratory and Rooms, Southwest corner of Eighth and Arch streets.

There are two courses, one in the spring, and another in the fall.

The lectures are given on Wednesdays and Saturdays at 8 o'clock, A.M.

Apply to Mr. PARRISH, *at his Laboratory.*

PRACTICAL COURSE ON DISEASES OF THE LUNGS AND HEART.

ROOMS, *in College Avenue.*

Lecturer, J. DACOSTA, M. D., No. 212 South Eleventh street.

All physical signs are *experimentally* demonstrated. Patients are introduced, lessons diagnosticated and explained, and, as the course advances, the members of the class will be required to diagnosticate for themselves. The clinical meetings are held twice a week.

There are three courses given annually—one commencing early in April: one the last week in August, and one in November.

This course is not connected with any of the schools.

FEE, $20.

OPERATIVE SURGERY.

ROOMS *on College avenue, entrance on Tenth street.*

Lecturer, JOHN H. BRINTON, M. D., No. 1423 Spruce street.

The Lectures commence on Wednesday, October 20th. The course is fully illustrated by the *recent subject* by *dried* and *wet* preparations, by wax models, casts and drawings. The Lectures will extend over a period of four months, and will comprise a full series of demonstrations in Operative Surgery, Surgical Anatomy, the Treatment of Fractures, and Bandaging. Demonstrations adapted especially to the wants of gentlemen who may become candidates for admission into the Army or Navy.

Three private courses are given annually, commencing January 1st, March 10th, and September 10th, each course continuing about *eight weeks.* Classes limited to ten. *Instruments and material furnished.*

FEE $25.

OPERATIVE SURGERY.

Dr. JAMES BRYAN gives a course on Operative Surgery, at his office, No. 1306 Walnut street.

FEE $—.

DISEASES OF THE CHEST.

Dr. W. W. GERHARD gives a course on Wednesdays and Saturdays of each week, on Diseases of the Chest, including Auscultation and Percussion, at his office, No. 1206 Spruce street.

FEE $25.

MEDICINE AND SURGERY OF THE EYE AND EAR.

ROOMS *in College Avenue.*

Lecturer, L. TURNBULL, M. D., No. 1208 Spruce street.

Preliminary Lectures in September on the use and application of the Ophthalmoscope, Otoscope, &c.

Lectures delivered from October to March, and illustrated by cases, drawings and preparations. Advanced members of the class are furnished with Acute and Chronic cases from the Eye and Ear department of the Western Clinical Infirmary, and the private practice of the Lecturer, under his supervision. A *public clinique* is also held twice a week, at the Infirmary; being the only clinique in Philadelphia for diseases of the Ear.

FEE, $15.

PRACTICAL COURSE ON OBSTETRICS.

ROOMS *opposite Jefferson College.*

Lecturer, ELY MCCLELLAN, M. D., No. 1441 Walnut street.

The object of this course is to furnish students and graduates an opportunity to obtain a thorough and practical knowledge of this branch of medicine. Lectures are delivered from October to March, illustrated by the manikin, diagrams, preparations, &c. Each member of the class is furnished with cases to attend, under the supervision of the Lecturer.

FEE, $15.

PRACTICAL OBSTETRICS.

ROOMS *in College Avenue.*

Lecturer, R. A. F. PENROSE, M D, No. 1133 Spruce street.

The object of the course is to furnish to advanced students and graduates an opportunity to become acquainted with this branch of medicine. Lectures are given upon the Mechanism of Labor, combined with practical instructions upon the manikin and subject, of the most minute character. Patients are furnished to such members of the class as are sufficiently advanced to take charge of them.

FEE, $15.

PRACTICAL INSTRUCTION ON OBSTETRICS.

Rooms *in College Avenue.*

Lecturer, Wm. B. Atkinson, M. D., No. 215 Spruce street.

This course is intended to afford advanced students and graduates an opportunity to obtain a practical and thorough knowledge of this branch of medicine. Lectures are delivered from October to March, illustrated by diagrams, the manikin, preparations, &c. Each member of the class is furnished with cases to attend, under the direction of the Lecturer.

Fee, $15.

THEORY AND PRACTICE OF MEDICINE.

Dr. James J. Levick proposes to deliver a series of Lectures on the Theory and Practice of Medicine.

The Lectures will commence in April.

Among other subjects, the following will claim special attention, viz: Irritation; Inflammation; Tuberculosis; Cancer; Pernicious; Typhus and Typhoid Fevers; Auscultation and Percussion; Pneumonia; Diseases of the Heart; Diseases of the Skin; Diseases of the Liver; Diseases of the Kidney; and Diseases of the Nervous System.

For further information, apply to

J. J. LEVICK, M. D.,
1109 Arch street, or at the University.

PATHOLOGICAL ANATOMY.

Lecturer, J. J. Woodward, M. D., N. E. corner of Tenth and Vine streets.

Rooms *N. W. cor. of Ninth and Chestnut streets.*

The object of the courts is to afford students and graduates an opportunity to become acquainted with the *Microscopical Anatomy* of Disease, and the various *morbid appearances as presented to the naked eye.* The Lectures begin on Tuesday, October 12th, and will treat of Blood Diseases; Degenerations; Hyperæmia and Anæmia; Hypertrophy and Atrophy; Inflammation; Pathological New Formations, including the various Tumors, Tubercle, Cancer, &c.; Anomalies of Secretion, including demonstrations of the various Urinary Deposits; Monstrosities, &c.; the whole being fully illustrated by recent and wet preparations, and studied by aid of microscopes. The Lectures will be delivered on Tuesday and Saturday mornings, from 8¾ to 9¾ o'clock.

Fee, $10.

A course of Lectures will also be given to *Physicians only* (the class being limited to *twelve*), devoted especially to *Pathological Histology*, and to the clinical use of the microscope. These Lectures will be delivered on Saturday evenings, at Dr. Woodward's residence, from 8 to 9 o'clock, and continue weekly until the full course of thirty lectures is completed. The first lecture will be delivered on Saturday evening, October 2d.

Fee, $10.

PRACTICAL INSTRUCTION IN MICROSCOPIC ANATOMY.

Dr. H. D. Schmidt gives a course of instruction on Microscopic Anatomy, comprising two classes weekly, of two hours each, for three months. The classes are limited to three.

Fee, $25.

Inquire at the Anatomical Rooms of the University of Pennsylvania, or at No. 435 N. Seventh street.

OPERATIVE SURGERY AND BANDAGING.

Rooms *N. W. corner of Ninth and Chestnut streets.*

Lecturer, C. S. Bishop, M. D., 334 north Tenth street.

Dr Bishop gives a Spring Course on Operative Surgery and Bandaging, very similar to that in the University of Pennsylvania, of which he is Demonstrator,—which see, p. 239.

Fee, $10. Without operations, $5.

INSTRUCTION IN DENTAL SURGERY.

Rooms—*College Avenue.*

Lecturer, Dr. Jas. E. Garretson, No. 42 north Sixteenth street.

This course has for its object the instruction of students in *Dental Surgery and Diseases of the Mouth.* The Lectures will be fully illustrated by diagrams, preparations, &c.

Fee, $10.

Office Instruction.

OFFICE INSTRUCTION, EXAMINATIONS, Etc.

Rooms *on Grape street, opposite the University.*

J. J. Levick, M. D., 1109 Arch street.
W. Hunt, M. D., 341 Arch street.
R. A. F. Penrose, M. D., 1133 Spruce street.

Students are received for the whole or a part of their course of studies. During the winter, examinations are held daily on all the branches taught in the University, commencing in the first week of the course. Students have access to the rooms at all times, which are furnished with a cabinet of Materia Medica, Chemicals, Anatomical, Surgical and Obstetrical preparations, &c.

Daily Summer Examinations are also held (with the usual July vacation) on the various branches taught in the University.

Dr. LEVICK, Materia Medica and Practice of Medicine.

Dr. HUNT, Anatomy, Surgery and Institutes of Medicine.

Dr. PENROSE, Chemistry and Obstetrics.

FEE, (*for Winter Examinations,*) $30.

OFFICE INSTRUCTION AND EXAMINATIONS.

J. F. PACKARD, M. D., 10 Spruce street.

J. C. MORRIS, M. D., Spruce street.

Examinations are given daily on all the branches taught in the University of Pennsylvania, commencing October ——, and are fully illustrated with models, specimens, drawings, &c.

FEES.

3 years,	$250
1 year,	100
6 months,	50

OFFICE INSTRUCTION AND EXAMINATIONS.

ROOMS *at the Pennsylvania Medical College.*

J. F. BELL, M. D., 917 Lombard street.

R. A. PAGE, M. D., Walnut street, above Broad.

Examinations are given daily on all the branches taught in the Pennsylvania Medical College, commencing October ——, and are fully illustrated by drawings, models, specimens, &c.

FEES.

3 years,	$250
1 year,	100
6 months,	50

Yearly students are presented with a Hospital Ticket.

WINTER EXAMINATIONS.

ROOMS *in George street, below Tenth, north side.*

R. L. MADISON, M. D., F. E. LUCKETT, M. D., 204 south Eleventh street.

Students are received for a part or the whole of their course of studies. Examinations are held daily on all branches taught in the Jefferson Medical College, commencing on the 22d of October. At the close of the session a review of the entire course is given. The examinations are amply illustrated by wet and dry preparations, and a cabinet of Materia Medica, Chemistry, &c.

FEE, $30.

In connection with the above, Dr. Madison gives a course on Operative Surgery, by which students are taught bandaging, &c, and practiced in the various operations.

FEE, $15.

Dr. Luckett also gives a course on Medical Chemistry, in its relations to Toxicology, Physiology, &c., which is fully illustrated by experiments and diagrams.

FEE, $10.

WINTER EXAMINATIONS.

ROOMS, 116 *N. Ninth Street, above Arch.*

James M. Corse, M.D., 150 North Tenth street.

W. H. Hooper, M.D., 1502 Locust street.

S. W. Butler, M.D., 701 Arch street.

Examinations are held daily on the various branches taught in the University of Pennsylvania, beginning about the 21st of October. The course is illustrated by Anatomical and Surgical preparations, by a cabinet of Materia Medica, Manikins, etc.

FEE, $30.

Dr. Corse—Obstetrics, Institutes and Surgery.

Dr. Hooper—Practice, Materia Medica and Chemistry.

Dr. Butler—Anatomy.

WINTER EXAMINATIONS.

ROOMS, *In College Avenue, entrance on Tenth Street.*

J. H. Brinton, M.D., 1423 Spruce street.

J. DaCosta, M.D., 212 South Eleventh street.

R. J. Dunglison, M.D., 121 South Tenth street.

Examinations are held daily, beginning with the Lectures in the Jefferson Medical College. The course is illustrated by Surgical and Anatomical preparations, a cabinet of Materia Medica, etc.

FEE, $30.

Dr. Brinton—Surgery, Anatomy and Obstetrics.

Dr. DaCosta—Practice and Physiology.

Dr. Dunglison—Chemistry and Materia Medica.

WINTER EXAMINATIONS.

ROOMS, *In College Avenue.*

C. P. Turner, M.D., W. D. Hoyt, M.D., O. A. Judson, M.D.

Examinations are held daily on the various branches taught in the Jefferson Medical College, beginning on the —— of October. The course is illustrated by Anatomical and Surgical preparations, by a cabinet of Materia Medica, etc.

FEE, $30.

WINTER EXAMINATIONS.

ROOMS,

C. P. Tutt, M.D., 1004 Pine street.

W. L. Wells, M.D., 216 South Ninth street.

Examinations are held daily on all the branches taught in the University of Pennsylvania, beginning on the 22d of October. The course is fully illustrated by preparations, specimens, etc. Recapitulatory Lectures are given on each branch.

FEE, $30.

Dr. Tutt—Anatomy, Surgery, Obstetrics, Physiology.
Dr. Wells—Practice of Medicine, Materia Medica, Chemistry.

WINTER EXAMINATIONS.

Rooms, *N. W. corner of Chestnut and Ninth Streets.*

J. J. Woodward, M.D., corner of Tenth and Vine streets.

C. S. Bishop, M.D., 334 North Tenth street.

Examinations are held daily on all the branches taught in the University of Pennsylvania, commencing about the middle of October, and are fully illustrated by models, specimens, drawings, etc.

Fee, $30.

WINTER EXAMINATIONS.

Rooms, *Adjoining Jefferson Medical College.*

E. Wallace, M.D., 277 South Fourth street.

W. V. Keating, M.D., 283 South Fourth street.

J. V. Patterson, M.D., 104 South Eleventh street.

Examinations are held daily on the various branches taught in the Jefferson Medical College, beginning about the middle of October. The course is fully illustrated by specimens, diagrams, etc.

Dr. Wallace—Anatomy and Materia Medica.
Dr. Keating—Surgery, Obstetrics and Institutes.
Dr. Patterson, Practice of Medicine and Chemistry.

Fee, $30.

WINTER EXAMINATIONS.

Rooms, *In College Avenue.*

S. W. Gross, M.D., S. E. corner of Eleventh and Walnut streets.

Morris J. Asch, M.D., 417 Spruce street.

Examinations are held daily on all the branches taught in the Jefferson Medical College, commencing on the 23d of October. At the close of the session a review of the entire course is given. The examinations are fully illustrated by Surgical and Anatomical preparations, a cabinet of Materia Medica, etc.

Fee, $30.

Dr. Asch—Physiology, Materia Medica, Obstetrics, Practice.
Dr. Gross, Chemistry, Anatomy, Surgery.

WINTER EXAMINATIONS.

Rooms, *Rear of Jefferson College.*

W. E. Weatherly, M.D., S. E. corner Eleventh and Spring Garden streets.

Examinations are held daily on the various branches taught in Jefferson Medical College, commencing October 18th. The course is fully illustrated by models, drawings, specimens, etc. Special attention is given to Chemistry and Obstetrics.

Fee, $30.

In addition to the above, Dr. Weatherly gives a demonstrative course of Lectures on Diseases of the Lungs and Heart, with which a cliniaal course is connected. These lectures begin on the 22d of October.

Fee, $20.
Both Courses, $45.

PHILADELPHIA ASSOCIATION FOR MEDICAL INSTRUCTION.

Sixteenth Annual Session.

The Lectures in this Institution will commence March 21st, 1859, and continue, with the usual midsummer recess, until the opening of the Winter Schools.

The course of Lectures extends over a period of nearly six months, and thus affords the usual full complement of instruction in all the departments, without the bodily and mental fatigue necessarily incident to a continuous hourly attendance in the lecture-room, as demanded during the shorter winter session.

Not more than three Lectures are delivered daily, and they are so arranged as to enable the student to avail himself of the benefits of Clinical Observation at the Hospitals, and of the various private courses of instruction so freely afforded in Philadelphia.

At the close of the session, those students who desire to possess the Certificate of the Association are subjected to an examination on the subjects taught.

The following is the schedule of the course:—

Medical Chemistry—Robert Bridges, M.D.
Materia Medica and Therapeutics—James Darrach, M.D.
Obstetrics and Diseases of Women—William V. Keating, M.D.
Anatomy—Ellerslie Wallace, M.D.
Institutes of Medicine—S. Weir Mitchell, M.D.
Institutes of Practice of Surgery—Addinell Hewson, M.D.
Principles and Practice of Medicine—J. DaCosta, M.D.

For Tickets, or for information relative to the course, apply to

ELLERSLIE WALLACE, *Secretary*,
No. 277 South Fourth street.

ANALYSIS.

An analysis of the means employed in medical instruction in this city, exhibits the following result:

Colleges, (Medicine and Collateral Sciences,)	7
Practical Anatomy,	2
Hospitals,	19
Dispensaries, (proper)	3
Special Lectures,	14
Office Instruction and Winter Examinations,	13
Total,	58

Original Communications.

Epidemic Jaundice.

By W. Pierson, Jr., M. D.
of Orange, N. J.

During the past autumn, jaundice has prevailed in our town epidemically, and as such epidemics are of rare occurrence, I subjoin the following brief account of it.

The epidemic first made its appearance in the early part of the month of September, and continued until the middle of the present month. During this period more than three hundred persons, out of a population of about 7000, were subjects of the disease to a greater or less extent. Its influence was not confined to any particular locality, although in several instances a number of cases occurred in one house. It attacked persons of all ages, although rarely those under the age of puberty. Males more frequently than females. Occupation seemed to exert no influence upon it.

Aside from its epidemic character, there was nothing anomalous or peculiar in the course of the disease, or in its symptoms. All cases terminated in recovery. The duration was exceedingly various, but would average about fourteen days. Frequently the attack was ushered in by a slight chill, followed by heat of surface, thirst, and an accelerated pulse. In such cases the patient would be confined to the bed for several days, but more frequently there was little or no fever, and the patient would be attending to his usual occupation. Anorexia, nausea, and an indescribable sensation in the region of the stomach and liver, were invariably present. This uneasiness in the epigastrium, and the nausea, were so invariably present, and so peculiar, that whenever I found a patient complaining of them, I would say at once, even before there was any yellowness of the skin, "you are getting the jaundice." The bowels were usually constipated; the stools at first of a light yellow hue, were afterwards whitish, or of a clay color. The urine, which at first would be little unchanged, gradually became of a deep orange color, and in a few cases, of a deep brown, and would impart a yellow stain to the linen. The characteristic yellowness of the surface usually made its appearance about the fifth or sixth day — first showing itself in the conjunctiva and face, but afterwards extending over the whole body. In many instances it was local, being confined to the face and neck. This color also varied in intensity from a light yellow to a deep orange. This deep hue often continued a long time after the other symptoms had all disappeared.

The first cases which occurred in the course of the epidemic I treated as I had been in the habit of treating sporadic cases, relying mainly upon cathartics and the mercurials; but not being satisfied with this treatment, particularly as the disease assumed the epidemic character, I resolved upon trying the use of quinia. To adults I usually gave two grains every three hours until its specific effect was produced. The result was most satisfactory. In almost every instance the attack was broken up in a few days; whereas without it, cases would frequently be prolonged for weeks. Although I relied mainly upon the quinia, I usually gave an aperient in the onset, and occasionally throughout the attack, if the bowels were constipated and the stools light colored. For this purpose I found a pill composed of aloes and ipecac. to answer. Usually made use of rubefacients over the hypochondriac region.

Other physicians who had much experience during the epidemic, also relied upon the use of the quinia.

It is a matter of speculation what has been the cause of this epidemic. For my own part, I am disposed to think that that mysterious poison, malaria, has been the parent of it. Although the so-called malarious diseases have seldom prevailed here epidemically, yet we usually have a few cases of intermittent and remittent fevers in the spring and fall. The past season has been entirely exempt from them. I do not think there has been a single case. There was a remarkable immunity from all other diseases excepting the jaundice; and, as is usual in the course of

epidemics, every disease seemed to merge into it. One reason, more than any other perhaps, which induced me to assign a malarious character to the disease, is founded upon the effect which quinia seemed to produce upon it. It may be proper to mention that the temperature in the months of August and September was unusually low. During the past fifteen years there has been only one year when the mean temperature was lower, one in which the mercury did not rise higher, and only two in which it fell lower, in the month of August. It rained in measurable quantities on eleven days, to the depth in all, of over four inches. By comparing September with the same month during the same period, we find that in only two was the range lower, only three had a mean as low, and only in four was as low a minimum recorded. In Copland's Dictionary of Medicine we find an account of jaundice having assumed, on rare occasions, an epidemic character, particularly after very wet summers and autumns. It was thus said to have occurred in Cronstadt in 1784 and 1785; also at Geneva in 1814.

A Vaginal Anomaly.

By W. S. Forwood, M. D.,
of Darlington, Md.

If physicians generally would consider it their duty, as it undoubtedly is, to record conscientiously whatever may be new or irregular in their practice, it would materially advance the progress and comprehensiveness of the medical sciences, and thereby render important service to mankind.

The case that I now have to report is of no great importance *per se*, further than one that caused much uneasiness at the time, *for want of a precedent*, and as having terminated without the disastrous results apprehended.

A short time ago I was summoned to attend the delivery of M. J., in her first pregnancy. On my arrival she was complaining very much. I was informed that she had been in labor about four hours.

Upon examination *per vaginam*, I was surprised to find what I at first supposed to be a constriction of the upper portion of that canal; but upon more careful investigation, it proved to be a septum, situated about two inches below the usual position of the os uteri, perforated in the centre with an orifice barely sufficient to admit the extremity of the index finger. It was not a thin membrane, such as usually forms the hymen, but a thick, fleshy obstruction, widening from about two or three lines thickness in the centre to half an inch or more at the base of the entire circumference. The septum was of a soft and yielding character, not being indurated, nor possessing the features of a cicatrix, but appearing to be composed of the same tissue as the other parts of the vagina. The vagina, both above and below the division, was of the ordinary capacity; and in every other particular was in a normal condition. The labor was in the first stage; head presenting, but, of course, not yet in contact with the obstruction. The pains were severe, but not effective. Now the grounds for solicitude in this case were that, from the character of the obstacle, it was impossible for the child's head to pass without rupturing it; and, from the partition being so incorporated, with a wide base, into the walls of the vagina, would not the rupture in all probability extend to the rectum or peritoneum on the one side, or to the bladder or peritoneum on the other? When a rupture in those parts is once started during labor, it is impossible to foretell where it will end. During the progress of the case, which was slow throughout, I passed several very uncomfortable hours in consequence of these reflections.

After a time the head pressed upon the resisting part; several hours passed then without any perceptible advance. The orifice eventually enlarged much more than I had looked for — enough to admit the hand. The patient suffered the most excruciating pains. The vertex appeared beyond the vulva before the resistance was overcome. After I had been in attendance eleven hours, and the patient fifteen hours in labor, an unusually large child was delivered. I immediately examined the state of the parts: the septum was rup-

tured anteriorly and posteriorly, making deep, ragged wounds; but, to the great relief of my anxiety, did not extend through the vaginal walls. The parts were very sore, and the patient complained greatly when they were touched. I extracted the placenta at once, had the wet cloths removed, and enjoined absolute rest.

On my next visit (third day) I found the patient improving rapidly; she had had, in the meantime, an evacuation from the bowels, and was almost free from pain; no fever; and regaining her wonted strength.

I have not been able to find in any of the works on obstetrics in my possession, or in any of the medical journals that I have read, the least reference to such an opposing structure in parturition, placed so high up in the vagina. We are aware that the hymen and fossa navicularis frequently offer considerable resistance under similar circumstances, but the knowledge of their position, near the entrance of the canal, would make it impossible to mistake this anomaly for either of those parts.

Desiring to hear if others have met with such cases, and the explanations they have to present, the simple facts of this case are respectfully submitted to the consideration of the profession.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL

SATURDAY, DEC. 11.

Service of Dr. Wood.

Reported by Theodore A. Demme, M.D.

Pathological Specimen.—The heart, liver, lungs and brain of a patient who died in consequence of inflammation of the membranes of the brain were presented.

The tendency to tuberculous deposition existed in a marked degree. The Meningitis, the immediate cause of death, was consequent upon the irritation produced by innumerable tubercles, scattered throughout the membranes of the brain. The spleen and lungs were crowded with miliary tubercles.

The heart afforded a valuable specimen of concentric hypertrophy. The heart was of the average size, but the walls of the left ventricle were so much thickened that the cavity of the left ventricle was reduced in size to about one-fourth its usual dimensions.

Doubts have been entertained in regard to the morbid character of this diminution of capacity; it has been attributed to a powerful contraction of the heart at the moment of death. That this cannot be an explanation of the appearance presented, is evidenced by the very specimen before us, in which the right ventricle is of normal dimensions throughout.

Desquamative Inflammation of the Kidney.—The patient next brought before the class presented every external sign of good health. What is particularly worth noticing is his complexion—decidedly florid. He complains that his legs are swollen; upon pressure with the fingers, the indentations characteristic of œdema are evident.

The œdema exists in a more marked degree in the legs than in the feet; there is consequently less disposition than usual of the effused liquid to travel through the meshes of the cellular tissue to the most dependent part.

As both limbs are swollen, as also the face, hands and arms, we anticipate a general, and not a local, cause of the dropsy.

You notice that he is not pale, but more florid than the average. Pulse small—tongue furred; there is no pain in the back. He passes the normal amount of urine.

This dropsy has existed for four days only. What is the source? I should presume that this is what is often called inflammatory dropsy—*i. e.*, dropsy of inflammatory origin.

Upon examining the urine, there is no doubt left of the nature of the affection. Heat and nitric acid reveal the existence of large quantities of albumen. The urinometer gives the specific gravity of this urine as 1010—a very low specific gravity. The microscope has shown the fibrinous casts consequent upon desquamative inflammation of the kidney.

We have before us, then, an acute attack of Bright's disease, depending upon desquamative inflammation of the kidney.

Treatment.—Purge—cup—give diuretics. In this case we give potas. bitart., without the juniperberry tea, which latter would be stimulating to the inflamed kidney.

Prognosis.—We ought to be able to cure this man.

Nephritis.—A man was presented who had pain in one side of the back, extending down to the testicle. When I press anteriorly against the kidney I cause pain.

Dr. Smith examined the microscopic appearance of this patient's urine, and found fibrinous casts and pus globules. Pulse and tongue indicate inflammatory excitement. I conclude that this man is laboring under nephritis.

The appearance of the fibrinous casts in the urine does not gainsay this diagnosis; for the same appearance is often presented in simple inflammation of the kidney.

Treatment.—Obvious.

Oxaluria patient.—(Before reported.)—This man is now regarded as well. An interesting point in the history of this case is the fact that under the influence of nitro-muriatic acid, the urine became very acid, so much so as to cause such irritation of the urinary passages, that the man passed blood.

He was immediately placed upon the bicarb. of soda, grs. xxx, three times a day. His urine under this treatment regained its normal characteristics. No oxalates could be detected by the microscope, whilst the man's spirits again became buoyant.

Wednesday, Dec. 15.

Service of Drs. Wood and Norris.

[We regret exceedingly that professional engagements prevented us from attending the clinic of to-day: especially as the case of obstruction of the bowels, before reported, terminated fatally, afford ing a most interesting post mortem examination.

The obstruction proved to be, as Dr. Wood anticipated, of a carcinomatous character.

We shall endeavor to obtain from the Resident Physician of the Hospital a full account of the pathological appearances in this case.]

December 18 to January 1, 1859.

Service of Dr. Wood.

In consequence of Christmas and New Year occurring upon the days usually devoted to hospital attendance, we have comparatively a short report, and therefore take this opportunity of condensing, that we may begin the year 1859 with a clean leaf, a clear account, and no back reports.

[We have not, as yet, been able to obtain a careful account of the post mortem appearances in the case of the patient who died from carcinomatous obstruction of the bowels.]

Ol. Terebinthinæ in Typhoid Fever.—A patient in the earlier stage of typhoid fever, was suddenly seized with rigors, fever, and extreme tenderness of the abdomen. The cord-like pulse, the anxious countenance, the position of the patient, indicated the sudden supervention of peritonitis.

The cause of the inflammation was at once suspected to be perforation of the intestines: the prognosis was a serious one—death.

The intestines are now shown to you. You observe the patches of ulceration occurring wherever the glands of Peyer are situated, and in the centre of one of these ulcers is a very small perforation. I have no doubt that if I had employed the oil of turpentine earlier in the course of this case, the ulcerated surfaces would have yielded to the stimulant and alterative effect of the oil, and possibly this patient's life might have been saved.

Hereafter I shall always use this alterative earlier in the progress of the disease.

A number of cases of enteric fever that had been placed under the use of the oil of turpentine comparatively early in the course of the disease were presented; they were all progressing favorably.

The patient laboring under *Diabetes Mellitus* appeared before the class. He presented no new symptoms worthy of note.

The case of *Nephritis* of left side, (previously reported,) has very much improved.

On account of the acid and irritating condition of his urine, he has been taking the carbonate of soda, and in consequence of the still congested state of his kidneys, he has been cupped, and strictly confined to a vegetable diet.

Meningitis.—This patient has been suffering for three weeks from great pain in the head. His pulse is frequent; tongue smooth and dryish; skin hot. Some time ago he received a heavy blow upon the head, which, probably, has caused a slight degree of inflammation of the membranes of the brain.

Treatment—Cup, purge, low diet.

Gonyalgia.—There is a symptom often presented by patients, particularly seamen, which, on account of its very frequent occurrence, is dignified with a name. We allude to weakness and pain in the knee joints.

A seaman was presented to the class illustrating this peculiar affection. Of its nature, we have no doubt it is syphilitic.

Treatment—Pulv. ipecac. et opii.. potas. iod. and warm bath at bed time.

Gangrene of the Lungs.—This patient offered an example of a comparatively rare disease.

From his history we infer that he has had an attack of pneumonia, which was neglected in the earlier stage of the disease.

The countenance of this man is strikingly pale and sallow. He has profuse night sweats, a very loose cough and a feeble pulse; his tongue is furred, not brown or dry, and therefore not indicating any idiopathic fever. The expectoration is *profuse, purulent*, and extremely *fetid*.

On one side we have a circumscribed dullness and a very loose mucous râle.

Diagnosis—Gangrene of lungs.

Prognosis—Favorable.

Treatment—Support strength, facilitate expectoration, and to a certain extent allay the cough.

PHILADELPHIA HOSPITAL, (BLOCKLEY.)

Service of Dr. Agnew.

Luxation of the Humerus of seven weeks standing.—A middle aged man, while laboring in the interior of the State, received a fall, after which he discovered his arm to be comparatively useless. He had been treated, according to his own representation, for fracture. There is immobility of the arm, the elbow is turned somewhat out; he cannot bring it to the side without great pain; there is numbness of the fingers. On comparing the shoulders it will be noticed the injured one has lost its rotund appearance, and is quite flat; summit unnaturally prominent, and a marked concavity receiving the finger beneath the acromion process. It is, therefore, a luxation of the humerus. The head of the bone is not in the axilla, but under the pectoral muscle. Probably this position is consecutive to the former. The forearm is rigidly flexed, due to tension of the biceps muscle from the unnatural position of the head of the bone. The case is one of seven weeks standing, and its replacement not unattended with danger. Inflammation following the accident, may have united the bone to the axillary blood vessels. Changes also occur in the articulating cavity. Two

cases several years ago occurred in this hospital, in which a fatal result took place from the injury done in breaking up such adhesions.

As the patient's arm is very much swollen and excoriated from efforts which have somewhere been made to replace it, we cannot attempt anything to-day, but as soon as the parts will admit the application of extending bands, little doubt is entertained as to its being restored.

Laceration of the Urethra.—The patient next presented was instructive, as it taught a lesson of caution in the introduction of instruments through the urethral canal. The man had for some time labored under stricture. As it was narrow, efforts had been made with a small metallic bougie to dilate, but had produced a lesion of the mucous membrane. No blame is to be attached to any of the intelligent internes of the hospital. There is a hard swelling between the scrotum and penis, due to the extravasation of urine and inflammatory exudation. Sometimes great constitutional disturbance sets in after such an accident, attended with extensive sloughing of the integments. The management of such a case requires the introduction of a catheter into the bladder, and a free division over the swelling, so as to give exit to the urine. In cases where the urinary infiltration has existed for some time, a stratum of semi-organized lymph is formed, which materially impedes the healing process. It is better, under such circumstances, to incise the parts fairly down to the instrument in the urethra, and allow it to heal by granulation from the bottom. The catheter should be removed every day, or every other day at furthest. This treatment had been adopted, and the case is progressing favorably.

Chemosis Conjoined, with Staphyloma.—The inferior eyelid in this case was completely everted, a large pouch of the palpebral conjunctiva projecting below, and very much thickened from the presence of lymph in the sub-conjunctival tissue. The eyeball was enlarged from the products of deep seated inflammation, and the cornea thickened and prominent, constituting staphyloma; vision was entirely gone, and of course nothing could be done to restore this important sense. The indications in the case were to remove the conjunctival difficulty and restore the eyelid to its proper position. The latter would, in all probability, follow the relief of the former. The first point, then, will be to diminish the size of the eyeball by making a section of the cornea and evacuating the aqueous humor. This was accordingly done by the ordinary cataract knife, cutting a flap which was seized by a pair of forceps and removed by the scissors. The lids were closed over the eye and secured by an adhesive strip. Cold water was directed to be applied, and an anodyne administered consisting of sulphate of morphia gr. ½. Dr. Agnew remarked particularly here of the great value of compression thus applied in producing rapid disappearance of the plastic exudation in the sub conjunctival tissue. Should these not effectually combat the chemosis, he would next make free incisions into the mucous membrane of the eyelid, thus emptying both blood vessels, and the cellular areolæ, applying tannic acid in glycerine to the surface with a camel's hair brush. Incisions should be made vertically, not transversely, otherwise the cicatrices may produce injurious deviation of the lid.

Extensive Burn.—A middle aged man had thrown on him a pail of scalding water. The extensive surface involved would inform us that the injury was due to a liquid. Accidents of this nature are distinguished by degrees, which imply depth. There may be a simple redness, or vesication or destruction of the skin, or of the subcutaneous cellular tissue, or even the muscles, blood vessels, nerves and bone. The present case presents us with at least three degrees—from the nape of the neck half way down the middle of the posterior part of the trunk, we have redness, and here and there a vesication; on the sides of the neck and front the skin has been destroyed, and numerous patches of ulceration are seen. One half of the surface of the body involved in a burn, even of the first degree, generally proves fatal. Patients may die from the shock, or subsequent irritation, due either to violent re-action or prolonged suppuration. Deep seated inflammation sometimes suddenly carries them off, as pneumonia, peritonitis or enteritis. One of the unpleasant sequences of such accidents is from the contraction of the cicatrices. In the present case we see the chin is being drawn down toward the top of the sternum, and the lower lip everted. Nothing can benefit this but plastic surgery, and the time for its employment has not arrived. The local applications suitable for such injuries will depend on the degree of the burn. If the surface is only reddened, or even here and there vesicated, nothing probably is better than cold water perseveringly employed. A favorite and very excellent agent in such cases is lime-water and linseed oil, smeared over the part and covered with carded cotton so as to exclude the air. If the burn, however, has extended to any great depth, it is better to apply flaxseed poultices, so as to favor the separation of the slough, treating the ulcers on the same general principles as ulcers from other causes. If the system should flag, you must give tonics, stimulants, and nutritious diet.

Simple Ulcer over the Ankle.—Dr. Agnew remarked that, as he would have opportunities to present every variety of ulcers to the class—the house abounding in such—he would exhibit one which might be considered as typical of a healthy ulcer, with the characters of which we should be acquainted, in order to appreciate deviations. He could see no value resulting from the extended classification adopted by many writers. For his own purpose, healthy, unhealthy and specific were sufficiently ample. The one before us is a simple, healthy ulcer—its tendencies all toward health. The skin is of natural color, even to the very verge of the sore. Edges regular. The surface is like a ripe strawberry covered over with florid granulations, and protected by a thin film of healthy pus. From its circumference is starting out the new skin. All that is necessary in such a case is to avoid meddling. Keep the limb quiet; do not wipe the surface roughly, or better leave it alone. Nutritious, unirritating diet, and lint, moistened with tepid water, to the surface.

Unhealthy Ulcer on the calf of the leg.—This patient exhibited a sore in which all attempts at repair seem to have stopped short. The edges are almost black, and greatly elevated; the granulations can scarcely be said to exist, the sore being covered with a dark gray-looking slough. There is something wrong with the constitution here, and it must be first attended to. The man has some arterial excitement, a foul tongue and bad color. We shall order him pil. hydrarg. gr. ix, in three pills, to be followed by a dose of magnesia. Having once restored his secretions, he may use for a time an infusion of quassia and serpentaria; and to the ulcer a warm poultice.

WESTERN CLINICAL INFIRMARY.*

Service of Dr. L. Turnbull.

Reported by F. E. Bond, M.D., Resident Physician.

Atonic Ptosis.—Nov. 10, 1858—Mary White, aged 16. First case which presented itself was one of ptosis of the left upper eyelid, the result of chronic inflammation from childhood, the eyelid falling so low as to obscure vision, by covering the cornea, disfiguring the contour of the patient's face. The chronic inflammation of her eyelids had been relieved, and she had come to be cured of the deformity. Various local means had been tried and failed, and nothing remained but the operation, which Dr. Turnbull had performed, by excising a portion of the redundant tissue of the eyelid. Three sutures were applied, and removed on the third day, union having taken place. She comes to-day to show the result. The eyelid is now nearly up to its natural position, and she can close it. The whole aspect of the young girl is decidedly improved. Beside the form of ptosis just exhibited, there also presented cases of congenital, traumatic and paralytic ptosis. The second form had been seen in a young man from Princeton, N. J., Wm. A——, aged 16 years, and which had existed from childhood in the right eyelid, with slight strabismus divergens. This had been operated on at the Infirmary, and the patient had returned to his home improved, yet the lid was not quite as high as the other, as the removal of any more skin would have prevented the eye from closing. He also stated, that if fatigued or depressed in spirits, this lid would droop; when not fatigued or depressed, his vision was much improved by the operation. Of the third form, namely, traumatic ptosis, Dr. Turnbull had been able to exhibit several cases during the season. One of the most interesting was Wm. H———, aged 28 years, a miner, from Columbia county, Pa., who had been under care in the Infirmary and other institutions in this city for eighteen months, for granular conjunctivitis. The eyelids had become so relaxed and altered that he was unable to elevate them, producing beside traumatic ptosis, entropium, and until this was cured, by the removal from both upper eyelids of a semi-lunar piece of skin, but little progress was made in the cure of the granular condition of the lids. When he left the Infirmary, both were cured. Another case of traumatic ptosis was reported in the first number of this journal for 1858, which was cured by the external use of tincture of iodine, and electricity.

The fourth form is one of greater rarity, namely, the paralytic ptosis. As such cases are of great interest, he would give a brief history of the case, with a drawing, showing the condition of the eye to those of his class who had not seen the patient when he first applied at the Infirmary.

Richard E——, aged 31 years, married—dark eyes and fair skin—was then brought before the class, when Dr. Turnbull stated the following facts in regard to his history. He is a workman in a pewter factory in Arch street, Philadelphia; was attacked with paralysis of the left side in the month of May, 1858. He was treated by blood-letting, mercurials, etc., and was under the care of a physician for five weeks, when gradual return of power took place of the side which had been attacked, but with entire loss of vision, from falling of the eyelid of the opposite side, as is seen in the drawing. He applied at the Infirmary, September 29, 1858. When the eyelid was raised by the finger, the cornea was directed outwards, and slightly downwards, through the influence of the abductor and superior oblique muscles, which alone retained their power, the eye being distorted towards the temple, the pupil dilated, and the whole globe immovable, with vision double and confused, in consequence of the defective adjustment. The secretions of the patient natural, pulse slow and feeble, with pain in the back of the head.

He never had rheumatism, and it was not the result of cold.

Treatment.—He was directed the following pills:

℞ Hydrargyri bichloridi
Strychniæ, āā gr. j.
Cinchoniæ sulph., gr. xxiv.
Extract. quassiæ, gr. v. M
ft. mass et in pil. No. xii div.

Signa. One pill, three times a day.

As a local application, the following lotion, to be applied each night over the origin of levator muscle.

℞ Liquor ammoniæ Aromat.
" calcis āā f℥j.
M ft. lotio.

Diet to be mild and nourishing: to avoid all stimulants. The orbital region and eyelid was also painted with Tinctura Iodinium, U. S. P., when he visited the Infirmary.

October 6—Much improved; eyelid opened an eighth of an inch. Continued treatment, and again applied the tincture of iodine, which, with the lotion, had blistered the whole region.

October 15—Eye is opened three-eighths of an inch. Same treatment; lotion not applied so freely. Much improved in strength, and appetite good. Able to do a little work.

He has not visited the Infirmary since the 15th of October until to-day, having improved so much as to be able to resume his usual duties.

Nov. 10—Vision with both eyes slightly double, but he is able to clear the cornea completely. Iris almost normal. He was directed still to continue his

* This report has been delayed some weeks by a press of theormatter.—EDS.

pills once a day, and occasionally the application to the eye-brow, but, as he was so well, he was not required to be regular in his attendance at the Infirmary.

Dr. Turnbull stated that there was no doubt in his mind that it was an infusion of serum within the sheath enveloping the nerve of the third pair, which was distributed to the levator palpebræ, superioris the internal, superior and inferior recti, the inferior oblique, and the sphincter fibres of the iris. It showed that the nerves of the sixth pair were not affected by the orbicularis palpebrarum retaining its power to close the eye. Experiments and dissections as regards the lower animals have shown that the curtain of the iris, containing as it does two sets of muscular fibres, a circular set by which the pupil is contracted, and a radiating set, by which it is enlarged, is under the control of two separate and distinct sources of innervation.*

The case related above illustrates these physiological facts clinically. The third cranial nerve is found to control the circular or contracting fibres, which, by the pressure prevented its action; but as soon as the fluid was taken up by the absorbent vessels, the contractile power returned, being assisted by the action of the strychnia. It also exemplified the power of the sympathetic, which was not affected, in producing dilatation, by virtue of its communication with the lenticular ganglion.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

WEDNESDAY, DEC. 29, 1858.

Service of Dr. Henry H. Smith.

Extirpation of a Carcinomatous Tumor of the Breast.—The entire hour was occupied on this occasion with the consideration of a case of *carcinoma of the female breast.* The patient having been etherized, the tumor, which was of considerable size, was removed by a dissection, which, owing to the bulk and adhesions of the morbid mass, was difficult and tedious. Several blood vessels of moderate size were ligated, and the wound being brought together with stitches of the interrupted suture was dressed in the usual manner.

HOSPITAL OF THE JEFFERSON MEDICAL COLLEGE.

WEDNESDAY, DEC. 29.

Service of Dr. Dickson.

Diabetes and Dropsy.—Barney McG., aged fifty, has for sometime been passing more than twice as much urine as during health. A sediment appeared at first at the bottom of the vessel, but this does not now occur. At first micturition was painful, and the quantity of water discharged inconsiderable. The pain soon disappeared, and the quantity of urine greatly increased, and the abdomen and limbs become swollen. Probably congestion of the kidneys existed followed by dropsical effusion. The fact of a large quantity of urine being passed for several weeks, suggests the propriety of an inquiry into the existence of diabetes. The patient has not noticed that insects have been attracted toward the vessel containing the fluid passed, as frequently happens in diabetic cases.

Diabetes insipidus is a very rare affection; the word diabetes being generally another name for glycosuria. Sometimes hysterical women will discharge a very large quantity of limpid urine for thirty or forty hours, but its aqueous quality is its main characteristic, the saccharine being absent. Cases are recorded in which dropsy and diabetes have coexisted, as is apparently the case in the present instance. The abdomen is not much swollen now, the patient has lost flesh greatly, and the sensation of thirst is very troublesome to him. Usually heat of skin, and a cordy, frequent pulse accompany diabetes, although in some cases feebleness of action of the pulse and coldness of the surface are met with. Both the pulse and skin seem natural in the case now before the class. The tongue is very red, and the gums were at one time sore and bleeding. He complains of great debility, and pain over the renal region. The urine must be tested to detect the presence of sugar.

It is not always easy to know what treatment to employ in the first stages, and a kind of routine medication seems to have been generally adopted. The cause of diabetes, the actual morbid condition upon which the disease depends, is obscure. The direct cause has never been discovered, although many have been assigned by writers—such as intemperance, exposure, etc.; but the disease is very often unassociated with any such causes, the majority of cases seen by Dr. D. being among temperate persons.

The researches of modern physiologists have ascertained that sugar is the product of chemical changes and conversions in various organs. Piorry, thinking that sugar is a necessary element in the human economy, and that diabetes by draining it off morbidly affects the patient, feeds his cases of diabetes upon sugar, and boasts of his success. The prognosis, under ordinary treatment is not very favorable, as it is a chronic disease of great obstinacy.

The general health must be attended to without regard to specifics. The tonic influence of iron, especially in combination with a mineral acid, may prove beneficial.

℞. Tinct. ferri chloridi gtt. xv.

To be taken four times a day, the number of drops being afterwards increased to twenty. The bowels must be kept open by gentle laxatives. The disease is one in which almost every mode of medication has been employed tentatively. The use of cinchona has sometimes been followed by subsidence of the disease. A system of purgation has been thought by some to produce a similar effect. In this case, however, the patient labors under the influence of a general cachexia, so that our remedies must be directed to the promotion of the patient's general good health, rather than to any specific effect on particular organs.

Serious degeneration of the kidney may exist, but this will be examined into hereafter. At present we view it only as an interesting case of commingled hydropic and diabetic diathesis.

* Ogle, Med. Times and Gaz., July, 1858.

Chronic Gastritis.—James R. had a pain in the left side, through towards the back. Sometimes rheumatic pains may be traced along the course of the intercostal muscles. This is probably not a case of that kind. The pain is always more violent about ten o'clock in the morning. The skin is very cold, and the pulse very slow. Vomiting after eating is of frequent occurrence. The pain in the præcordial region is probably gastric, as no cardiac phenomena can be discovered. Gastric symptoms sometimes assume the appearance of regular periodicity. The abdomen is full and tense. He has been of intemperate habits, and may in this way have brought on the chronic gastritis under which he now labors. Exposure to the heat of iron works, in which he formerly worked, would not account for the symptoms. The subnitrate of bismuth, with a little calomel, will be prescribed in this case.

℞ Bismuthi subnitratis, gr. v.
Hydrargyri chloridi mitis, gr. ss. M.

To be taken twice a day. The mercurial treatment must be persevered in cautiously. A blister may be applied over the painful spot. Mild diet agrees with him best, and the juice of meat—not the substance.

Other Cases Presented.—Two other cases were also brought forward,—one, a venereal eruption, following a well marked case of syphilitic disease, and treated by corrosive sublimate, in doses of gr. 1-20 three times a day; the other, swelling and pain over a small surface of the tendo-Achillis, treated by local counter irritation by the application of a hot iron at the side of the foot.

Dr. Dickson, upon the occasion of closing his term of service in the clinic, made some appropriate remarks upon the cases which had been presented for investigation. He spoke of the variety of cases that had been brought before them, and of the method of examining and prescribing for them, stating that his chief endeavor had been to teach them principles rather than formulæ, and concluded with some remarks on the value of such practical information to the medical student.

The remainder of the clinical course will be under the charge of Dr. Dunglison.

Service of Dr. Gross.

Hypertrophy of the Bladder, etc., from Congenital Defect.—An interesting pathological specimen, comprising the urinary apparatus. The kidneys, bladder, ureters, and part of the penis, was exhibited to the class. When the bladder was opened, its interior presented an appearance strikingly similar to the columnæ carneæ of the heart, produced by a peculiar arrangement of hypertrophied muscular fibres from mechanical obstruction to the evacuation of the urine. Usually, a discharge of mucus is visible floating towards the bottom of the vessel; in this case, no vascularity of the mucous membrane exists. The peritoneal tunic is hypertrophied, but not to the same extent as the muscular. The left kidney is tuberculated and smaller than normal, and fatty degeneration of the cortical substance, induration, and atrophy had also taken place. All this is the result of chronic inflammation. The right kidney is still more reduced in size, cysts exist in itsinterior, and there is hypertrophy of the mucous structure and of the fibrous tissue, which is continued up into the uriniferous tubes.

The cause of all this difficulty is a congenital minuteness of the opening in the prepuce. The boy upon whom the post-mortem examination was made yesterday, died at the age of —. after suffering for a long time from difficulty of retaining the urine, the irritability of the organ rendering it necessary for him to pass his water very frequently. A sac had formed in which the urine habitually lodged, and the bladder making every muscular effort to overcome the mechanical difficulty, hypertrophy of the muscular fibres of that organ gradually supervened, and disease of the kidneys. Stricture of the urethra and prepuce, and enlargement of the prostate gland, are frequently followed by such morbid conditions. No other obstruction exists at any point in the urinary passages to account for the results of which we have spoken. If a small puncture had been made some time since, all this trouble might have been obviated.

Scrofulosis.—A very young child, which had been brought before the class some time ago in a state of progressive emaciation, with inability to separate the eye-lids, the head being held down to keep out the light, was again brought in, very much improved in appearance and in general health. It has no photophobia, and holds up its head. The child is of a strumous diathesis, and the inflammation has been of a scrofulous character, as evinced particularly by the photophobia. An eczematous eruption has covered the head and ears. Iron, quinia, and morphia failed to produce any beneficial impression, and it was not until oleum morrhuæ was given to it about three weeks ago, that any symptoms of improvement manifested themselves. In almost all cases, tonics are required; but if the child is robust, as sometimes, but rarely happens, it may be necessary to reduce the system. Very little opacity of the cornea exists, although this tunic, as well as the conjunctiva, is sometimes involved.

The oil must be continued in teaspoonful doses, with a diet of meat, milk, etc.

Abscess in the Parotid Region.—B., two years ago, was operated on for fungous enlargement of the testicle, consequent upon tertiary syphilis. One of the testicles was removed at that time. He suffers now from swelling and fluctuation just anterior to the left ear, over the parotid region. This was supposed, when it first appeared, to be dependent upon a bad tooth. The part became very painful, and has continued to be so, because the fascia in this region binds it tightly down. The teeth are liable to produce disease, not only in their own vicinity, but in other parts—neuralgic pains of the head, neck, etc.; disease of the mammary gland, enlargement of the glands in the neck, etc. In this case a decayed molar is probably the cause of all the trouble. If it be extracted, and the abscess evacuated, the patient will probably get well; although the constitutional taint of syphilitic disease still remains. The tumour of the parotid region has not the characteristics of aneurism, but is a form of deep seated abscess. After the pus is let out, an emollient poultice must be applied for a few days.

Primary Syphilis.—A boy about fifteen years of

age presented himself with a bubo nine days old in the right groin, involving the lymphatic ganglions above Poupart's ligament. The specific bubo is generally seated above, while traumatic bubo is usually below that ligament. On examining the penis, a chancre was found upon the prepuce and the head of the organ at the frænum. The case is an illustration of primary syphilis — chancre and bubo co-existing. It is nearly three weeks since he exposed himself to the exciting cause of this disease; the chancre had therefore existed about two weeks. The ulceration upon the frænum will probably destroy it. He suffered considerable pain in walking.

Two diseases co-exist in this case, but they are really modifications of one and the same. The bubo, previous to his application for relief at the College clinic, had been treated by unguentum hydrargyri, but this ointment is not so well calculated for the early stages of the disease as tincture of iodine. The penis must be plunged into warm water for twenty minutes or more twice a day, a teaspoonful of common salt being added to a cupful of water for this purpose. The parts must then be carefully dried with lint, followed by the application of a wash to the abraded surface, made as follows:

℞. Acid. tannic. gr. ij.
Opii pulv. gr. j.
Cupri sulphatis gr. ½.
Aquæ f℥j. M.

The chancre is not of the indurated form. Constitutional symptoms do not follow, and bubo is produced very readily; while in the indurated form of chancre, the reverse is true in regard to the occurrence of secondary and tertiary symptoms and of bubo. In addition to the local treatment recommended above, he must not eat meat, nor drink porter, ale, wine, or spirituous liquors. Cleanliness is a great desideratum in all these cases.

Scorbutic Cachexia. — ———— was operated upon five or six weeks ago for the removal of a small tumor at the side of the nose. Obstruction now exists in the left nostril. Upon examining his mouth, the gums were found to have greatly receded, the teeth loose in their sockets and completely uncovered. Sometimes this condition of the mouth is dependent upon the accumulation of the tartar of the teeth. The calcareous matter must be scraped away, and a strong solution of alum be used as a wash to harden the gums. Antiscorbutics must also be employed, as the vegetable acids, lemon-juice, etc.; and the diet be regulated.

The obstruction in the nostril may be due to polypous or encephaloid growth, but the examination of its precise nature will be postponed until a clearer day. He should be purged, and tinctura iodinii be applied externally. If the obstruction were visible, and should be diagnosticated as a polypus, it would be expedient to remove it.

PHILADELPHIA COLLEGE HOSPITAL.

WEDNESDAY, DEC. 29.

Service of Dr Halsey.

Goitre.—A young woman from Berks county has an enlargement of the thyroid gland, which has existed four or five years. It has attained such a size as to be productive of a good deal of deformity. She says the complaint is quite prevalent where she comes from. The disease usually consists of a hypertrophied condition of the gland, but it may sometimes contain cysts. It is most generally found in persons who live in hilly or mountainous districts; as, in the mountains of Switzerland, it is very common. It is said generally to be accompanied with an anæmic condition; this, however, is not always so, as Dr. H. has seen it frequently in persons of robust health. It is confined almost exclusively to females.

The treatment of these cases, unfortunately, does not always prove as successful as we might wish, particularly when the disease has existed some time, and the enlargement is great. It is seldom, however, that any very serious consequences arise from the affection; occasionally, from the great size which the gland attains, the pressure made upon the trachea and œsophagus may cause interference with breathing and deglutition.

The disease has in some instances been removed, but on account of the great vascularity of the part, and its contiguity to great arteries and veins, it has always proved an exceedingly dangerous operation.

If seen early, the application of the tincture of iodine, painting the part over freely, will cause its removal in a great many cases.

In this case we will order the following ointment:

℞. Iodinii ℈j.
Potass. iod. ℥j.
Cerat. simplex ℥ss.
M. ft. unguent.

Apply twice a day.

Also gr. ij of Potass. iod. in solution, three times a day.

Ophthalmia Tarsi.—A child two years old has the lids of one eye much inflamed and thickened; the edges are encrusted with an inspissated muco-purulent matter, which has been thrown out by the diseased Meibomian follicles. The inflammation is confined entirely to the edges of the lids and the conjunctival lining. The lids, the mother says, are always stuck together in the morning. This disease almost always, in children, is found to co-exist with the scrofulous diathesis; indeed, this latter affection is the predisposing cause. In the treatment, we are obliged to prescribe accordingly, and adopt antistrumous measures as well as local ones, to subdue the disease. In nearly all scrofulous affections the digestive organs are more or less deranged. A laxative and alterative should be given.

℞. Pulv. rhei gr. xxiv.
Pulv. ipecac. gr. iij.
M. div. in chart. No. 12.

Take one every morning.

℞. Quiniæ sulph. gr. xvi.
Acid. sulph. aromat. gtt. xx.
Aquæ f℥ij.

Take a teaspoonful three times a day.

Take also—

℞. Ung. hyd. nit. ℥j.
Cerat. simplex ℥ss. M.

Apply every night to the edges of the lids.

Coxalgia..—A colored child, aged 3 years, commenced to walk lame about two and a half months ago. She also complained of a pain in the knee of the same side. Upon examination, there is not much flattening of the nates, but the limb seems somewhat longer than the other. If the leg be rotated, she says it hurts her in the knee. There is no pain on pressing the trochanter major against the acetabulum.

Treated by quiet. Sometimes it is necessary to apply a splint, and establish an issue in the hip; but this can be dispensed with in very recent cases.

Iod. potass., one grain three times a day, should be given also.

Painful Retraction of Testicle.—A young man came before the class who complains of painful drawing up of the right testicle. In cold weather, particularly, it is very annoying and painful. The left testicle is wasted away to one-fourth its usual size, which was caused by an injury he received three years ago. Several months ago he had gonorrhea. At present he cannot retain his urine long, and is obliged to get up three or four times every night to pass it. A bougie was introduced, and a stricture was found to exist in the membranous portion of the urethra. The cause of the drawing up of the testicle is, of course, the contraction of the cremaster muscle, which is very probably caused by the existence of the stricture, through reflex action, as Dr. H. has, in several instances, met with similar cases, in every one of which the painful contraction finally disappeared when the stricture was cured. The treatment is, first to remove the cause, which is to dilate the stricture; and, secondly, applications may be made which will have a tendency to diminish the contraction.

℞ Ext. belladon. ℥ss.
Cerat simplex, ℥ss. M
Apply on the course of the spermatic cord.

Stricture of the Urethra.—A middle-aged man has a stricture seated in the glans, near the meatus. It has been dilated several times before, but has invariably returned. He is now very urgent to have any thing done that will be likely to prevent a return of the complaint. Strictures in this locality are very troublesome to cure, on account of their great liability to return. There is no method of treatment which is so likely to prove effectual in these cases as division of the stricture. As the patient is very anxious to have it cut, we shall proceed to perform the operation. There are two ways of dividing a stricture—externally and internally. When a stricture is very hard, like cartilage, old, and exceedingly irritable, the former is the best method. But if it be more recent, and not so hard, and is not very much extended, the latter is preferable. The object of the operation by division is to cause the hardened mass constituting the stricture to melt down, as it were, by suppuration. And to do this effectually, the whole thickness of the calloused stricture must be cut through. A small director was then introduced, and a narrow scalpel pushed along its groove until the whole thickness of the stricture was cut through. The patient was ordered to keep quiet for ten days, during which time a large catheter should be kept in the bladder. It should then be removed, and occasionally introduced, to keep the wound from closing up.

Syphilitic Iritis.—A middle-aged man was shown to the class, having an inflammation of the left eye. Several months ago he had a chancre; since then he has had wandering pains in his bones, hip, calf of the leg, etc. A few days ago his left eye became sore, since which time he has had a severe pain in the brow, and deeply seated in the eye. His sight in that eye is very poor indeed. Upon examination, the pupil was found to be irregular, the iris dull and hazy from the effusion of lymph, and a rosy ring about the edge of the cornea. All these show pretty conclusively that the iris is the coat affected. Our treatment must be purely antiphlogistic, using leeches to the temple. A purge of calomel and rhubarb, grs. x each, and calomel gr. j, pulv. opii, gr. ¼, every two hours, until the gums are affected. In this case mercury is *the* remedy.

Case of Needle in the Hand.—A boy was brought before the class, who, several days ago, ran a needle into his hand. It entered the palm, but the point could be felt in the dorsum. This is, therefore, a case for operation. Whenever a needle has been run into a part of the patient, it can be seen at once, while the wound is fresh, even though it cannot be felt, providing we can ascertain the direction it is proper to make search for it. But if it has remained in the part several days, and the puncture has healed, it is better to let it alone, unless it can be felt; for it will, in all probability, be a fruitless job. When the needle can be felt, endeavor to ascertain, if possible, the direction in which it lies. Now cut down to it as nearly as possible at right angles, across the end of it. If the incision be made parallel to the needle, the chances will be that you will fail to hit. An oblique incision being made, so as to hit the needle at right angles to its long axis, it was readily found and extracted.

Reviews and Book Notices.

THE SCIENCE AND ART OF SURGERY. Being a Treatise on Surgical Injuries, Diseases and Operations. By JOHN ERICHSEN, Professor of Surgery and of Clinical Surgery in University College, and Surgeon to University College Hospital. An improved American edition, from the second enlarged and carefully revised London edition. Illustrated by four hundred and seventeen engravings on wood. Philadelphia: Blanchard & Lea, 1859.

This work is so well known and appreciated in this country, that nothing more is required of us than merely to announce the new and improved edition.

For general comprehensiveness, brevity of diction, clear, vigorous style and minuteness of practical detail, it has no equal. In allusion to the latter quality, the author says: "My increasing expe-

rience as a teacher leading me to fear that there is no little risk of the cultivation of the *Art* not keeping pace with the progress of the *Science* of surgery."

The publishers, in their advertisement, say, that to this edition but few notes have been added—"the careful revision and extensive additions of the authr having rendered unnecessary most of the notes which were introduced in the former American edition, and having brought the work thoroughly up to the present condition of European surgery." The name of the American editor, which appeared on the title page of the first edition, is, we suppose for the same reason, omitted, though we think he has still done sufficient good service for the book to entitle him to that "parasitical" position. The notes appended to the volume are generally in relation to American peculiarities of practice, and are valuable additions. In some few instances tney might with advantage have been more explicit of matters to which he in only a passing manner alludes.

The familiar name of Dr. Lente, of New York, is, on page 269, so misspelled that it may not be generally recognized. We refer the reviser to Dr. P. F. Eve's recent volume for a case of recovery from greater injury of the brain than that which he offers as the most remarkable instance.

The efficient method of making *counter*-extension by adhesive strips, in fractures of the thigh, first used by Dr. Gilbert, of this city, is entitled to mention, in connection with the application of the same material for extension.

The mechanical execution of this edition is inferior to the first. This is so particularly in regard to the cuts, a number of which, from being worn out, or from defect in the paper for the impression, are so blurred as to be a disfigurement, and others, from these reasons, or the inferior quality of the ink, are almost reprinted on the opposite page.

The reputation of the author as a teacher and hospital surgeon, with the intrinsic merits of this edition, will continue the work in the high estimation in which it is now held as a text-book of "The Science and Art of Surgery."

THE MEDICAL SOCIETY OF NEW JERSEY.

We would call the attention of our numerous readers in New Jersey to the notice in our advertising columns of the ninety-third annual meeting of the Medical Society of New Jersey, on *the evening* of the 25th inst. We hope to meet many of our old friends at Trenton on that occasion.

☞ *We are unexpectedly obliged to postpone the remainder of the debate on Neuralgia before the Philadelphia County Medical Society, until next week.*

Editorial.

A NEW YEAR WITH NEW ASSOCIATIONS.

With the compliments of the season to his subscribers and readers, it devolves upon the undersigned to announce that the advent of a new year has brought with it new associations, involving a change in the proprietorship and editorial management of the REPORTER. For many years, the pecuniary management of this journal has rested entirely, and the editorial responsibility principally, upon the undersigned, and he has often desired to share these responsibilities with others. A very opportune time for such a change would have been the commencement of the weekly series; but it would not have been easy to have found any one who was willing to risk his means on such an enterprise until its feasibility had been fully demonstrated. This having been satisfactorily done, we have sought a connection which will relieve us of much labor and responsibility, and which, we feel assured, will advance the interests of the REPORTER.

From the 1st of January, 1859, therefore, it is understood, that the proprietorship of this journal is shared with others. Hereafter, the name of R. J. Levis, M. D., will be associated with our own as co-editor, with a pecuniary interest in the work. Dr. Levis needs no introduction to the profession of this city and vicinity. To our readers at a distance we would say that he occupies an honorable position among his brethren here, and that since the REPORTER was changed to a weekly, he has given frequent evidence of his ability as a writer, in communications for its pages. His editorial labors will probably commence next week.

With the name of Dr. W. B. Atkinson, with whom we have been pleasantly associated for several months, we part with regret, though we shall still be favored with his aid in providing material for our pages. He has ever taken the

liveliest interest in the usefulness and success of the REPORTER, and has shrunk from no labor or effort to advance both. We would mention in particular that to his untiring energy and perseverance our readers have been entirely indebted for the invaluable reports of the debates before our medical societies. These reports, which from his official connection with some of our principal associations, he enjoys superior opportunities for preparing, we shall still depend upon him for.

In conclusion, we trust that by dividing pecuniary as well as editorial responsibility, the sequel will prove that we have sought the best interests of the REPORTER and its readers, and that this step, will, by bringing new influences to bear on the success of the enterprise, hasten the realization of our long-cherished wishes and hopes, in respect to the permanent establishment of a representative journal of its class, one whose proprietorship is vested entirely in the profession, and which seeks only to advance its interest and prosperity.

S. W. BUTLER.

MEDICAL SERVICE IN THE ARMY AND NAVY.

In the volume of "Regulations for the Army of the United States," published by Harper & Brothers, 1857, may be found the following rules, which govern the appointment and promotion of medical officers in the Army of the United States.

"1153. A board of not less than three medical officers will be appointed from time to time by the Secretary of War, to examine applicants for appointment of assistant surgeons, and assistant surgeons for promotion. And no one shall be so appointed or promoted until so examined and found qualified.

"1154. The board will scrutinize rigidly the moral habits, professional acquirements, and physical qualifications of the candidates, and report favorably, either for appointment or promotion, in no case admitting of a reasonable doubt.

"1155. The Secretary of War will designate the applicants to be examined for appointment of assistant surgeon. They must be between 21 and 28 years of age. The board will report their respective merits in the several branches of the examination, and their relative merit from the whole; agreeably whereto, if vacancies happen within two years thereafter, they will receive appointments and take rank in the medical corps.

"1156. When an assistant surgeon has served five years, he is subject to be examined for promotion. If he decline the examination, or be found not qualified by moral habits or professional acquirements, he ceases to be a medical officer of the army.

"1157. An applicant for appointment failing at one examination, may be allowed a second, after two years, but never a third."

The rules which govern the appointment and promotion of medical officers in the navy are in the same spirit; the chief difference is that the navy rule judiciously restricts appointments to persons between 21 and 25 years, and permits candidates to compete for appointment as frequently as they please, provided they do not exceed the limits of age prescribed. In both services examination for promotion takes place after five years' service, and if the candidate fails to prove himself qualified, he loses his commission and returns to private life. This contingency must prove an efficient stimulant to assistant surgeons who desire to secure their own advancement; for it seems to be addressed to two tender points of human character, known to phrenological readers under the names, "acquisitiveness" and "approbativeness," and to others, by the terms "cupidity and vanity." As candidates cannot "cram" for these examinations in a very short time, those of much foresight, begin to prepare to become surgeons from the hour they are appointed assistants, and are rewarded, but those who rely solely upon a special preparation during three or four months just prior to the trial, furnish the unfortunates of the occasion.

The remuneration for medical services in the army is stated in the following table:

	Pay per month.	No. rations daily.	Forage for horses.		No. serv'ts.	Highest annual pay in peace.
			In war.	In peace.		
Ass't Surg. less than 5 yrs. service,	$53.33⅓	4	2	1	1	$1,444 50
do do of 5 years service,	70.00	4	3	1	1	1,644 50
do do of 10 years service,	70.00	8	3	1	1	2,300 50
Surgeon, less than 10 yrs. service,	80.00	4	4	3	2	2,549 00
do of 10 yrs. service in that grade,	80.00	8	4	3	2	2,655 00

Officers' subsistence is commuted at 30 cents per ration; forage at $8 per month for *each horse actually owned and kept in service.*

Officers are entitled to the pay of a private soldier ($11 per month) and $2 50 per month, clothing and one ration per day, for each private servant *actually employed.*

Every commissioned officer below the rank of Brigadier-General is entitled to one additional ration per day for every five years' service: this is termed the "longevity ration," and is worth $107 50 annually.

Without the allowance for horses and servants, and omitting the longevity ration, surgeons of more than ten years' standing (which, in fact, means of more than twenty years' service,) receive only $1,836 per annum, and the newly appointed assistant receives in pay and rations an aggregate of $1,078 per annum. The allowances made for the maintenance of horses and servants probably do not exceed the expense of them, and cannot be regarded as direct sources of pecuniary profit to the officer, if horses and servants are indispensable to him in the discharge of his duties,—and it is presumed they are,—it would be an onerous tax on his small pay, to require him to keep them at his own cost. The compensation of an assistant surgeon in the army, who has acquired his profession at his own expense, is the same as that of a first lieutenant, who is indebted to the government for his professional instruction, as well as subsistence, while a student. The career of the assistant surgeon is closed with the rank of major, and $1,800 or $2,000 a year, while that of the lieutenant leads on to Lieutenant-general and $7,620 of annual pay and rations.

Truly, the government sets a low pecuniary value on the healing art. Ability to teach the French language to the cadets at West Point is worth, in the estimation of the government, $2,240 a year; but the ability to remove stone from the bladder, cataract from the eye, to arrest fatal hæmorrhage by ligating vessels, and save life by amputation, is not worth half so much. May we take this to be an indication of the money value which the people every where in our country set upon the services of the medical profession? While the government is well served at the present rates of remuneration—which it is, only in consequence of the neediness of so many worthy votaries of Æsculapius—it is vain to suppose that it will pay more; the axiom is, "A thing is worth what it will fetch," and, considering the quality of the "thing" obtained by the government, it "fetches" very little, and is therefore worth very little. Do young gentlemen ever consider the value of the profession while they are crowding into its ranks, attracted perhaps by admiration of the knowledge it embraces, rather than by the means of livelihood it affords?

THE FIRST AMERICAN MEDICAL DIPLOMA.

A correspondent in Maryland, in speaking of the late Dr. Robert H. Archer, of that State, writes as follows, mentioning an incident in the life of his father, which possesses sufficient historic interest to warrant its preservation:

"I am proud to say that he (Dr. Robert H. Archer) was my preceptor. * * He stood as high as a practitioner of medicine, and as a man of strong common sense, as any physician in the State. After practicing medicine with the most eminent success and credit for *sixty years*, he died about two years ago, at the advanced age (I think,) of eighty-three. His father was the first man who received a medical diploma in this country—at (of course) the University of Pennsylvania. The first class was constituted of ten, and there was a great deal of rivalry between them as to which should have the diploma *first.** There was an *Englishman* in the class, and the faculty was determined to give him the preference. This raised the indignation of the Americans, and they threatened to leave the college

*This commencement was held on the 21st of June, 1768.—EDITORS MED. AND SURG. REP.

and go to an institution in New Jersey. It was then decided that they should receive their diplomas *alphabetically*, and so Archer happened to come first.*

Dr. Robert H. Archer was brother to the late eminent Judge Archer of this State. One or two of his brothers were physicians, and three or four of his sons. The latter are scattered from north Pennsylvania to Texas; two living in the latter State, and one in the army.

DENTAL EDUCATION.

In the fall of 1852, the Philadelphia College of Dentists was organized and went into operation.

It remained in existence four years with increasing usefulness, when a difficulty arose between the faculty and the trustees in regard to "Honorary degrees," which resulted in the dissolution of the Institution. A new charter was obtained with the title of the "Philadelphia College of Dental Surgery," which is now in its third session. The present faculty is as follows:

C. N. PEIRCE, D. D. S.,
Professor of Dental Physiology and Operative Dentistry.

T. L. BUCKINGHAM, D. D. S.,
Professor of Chemistry and Metallurgy.

J. L. SUESSEROTT, D. D. S.,
Professor of the Principles of Dental Surgery and Therapeutics.

J. H. MCQUILLEN, D. D. S.,
Professor of Anatomy and Physiology.

WILLIAM CALVERT, D. D. S.,
Professor of Mechanical Dentistry.

D. H. GOODWILLIE, D. D. S.,
Demonstrator of Operative Dentistry.

J. J. GRIFFITH, D. D. S.,
Demonstrator of Mechanical Dentistry.

T. L. BUCKINGHAM, *Dean*,
No. 243 North Ninth Street, Philadelphia.

There are now three Dental Colleges in active operation in the United States, one at Baltimore, and one in Cincinnati, all working in harmony. The classes at each of these schools are increasing yearly, and the facilities afforded for a thorough education in this specialty are of a superior character.

DENTAL MANUFACTURES. — Of *Porcelain Teeth* there are manufactured in this country probably two millions annually. One house alone—Jones, White & McCurdy, of this city, making over a million and a quarter.

Gold Foil and Plate.—The amount of these articles consumed annually by the dental profession in the United States is over two million and a half of dollars, much of which is furnished from this city. Instruments, chairs, files, and indeed every appliance used by the dental profession are manufactured here in large quantities.

It is estimated that there are about five thousand practising dentists in the United States, a greater number than can be found in all other countrie combined.

* "John Archer of Newcastle on the Delaware."—EDITORS.

MORTALITY OF PHILADELPHIA IN 1858.

We are indebted to Dr. Wilson Jewell for the following abstract from his record of the deaths in our city during the year (1858) just closed:

Months.	*Males.*	*Females.*	*Total.*
January	392	330	722
February	387	359	746
March	526	467	993
April	437	371	808
May	390	342	732
June	580	464	1,044
July	708	602	1,310
August	632	567	1,199
September	566	459	1,025
October	303	299	602
November	327	297	624
December	468	421	889
	5,716	4,978	10,694

From this estimate we learn, that the deaths in our city for the past year, with a population of 600,000, have been only 10,694, or about one death to every 56 of the population—a state of health which we believe no other large city in the United States, or in Europe, can furnish.

Compared with the previous year, (1857,) when the deaths amounted to 10,895, there has been a falling off of 201, or nearly 2 per cent. in the aggregate.

It will be found, however, that during the months of June, July, August and September, the deaths have exceeded those of the same periods for 1857 by 674, or 14.72 per cent.—showing that the summer of 1858 was more sickly than that of 1857.

Of the above deaths, 4,734 occurred in children under five years of age, exclusive of stillborn, which amounted to 535. Therefore, more than 44 per cent. of the mortality was in infancy.

The deaths from consumption of the lungs were 1,659, exceeding those in 1857 by 115—showing an increase of 7.44 per cent.

The ratio of deaths from consumption, to population—fixing it at 600,000—was as one in every 361⅝, and as one to 2.76 of each thousand.

Scarlet fever carried off only 241 children, while the previous year the deaths from this fearful disease numbered 704.

The deaths in the male sex exceeded those in the female by 15 per cent.

Altogether, the year has been remarkably healthy. During the last quarter, catarrhal diseases have

been quite prevalent, amounting almost to an epidemic, but not peculiarly fatal; nevertheless, we find that there has been more than the ordinary increase of deaths from inflammation of the lungs during the quarter.

ADVERTISEMENTS.

Palmer's Leg and Arm.—In passing up Chestnut street the other day, we met a man with his leg on his shoulder, which fact being strongly suggestive of Palmer's artificial limbs, and finding that we were near his studio we called upon him, and examined some of the remarkable results of his mechanical ingenuity. Time was when the loss of a limb was irreparable, but many a useless limb is now cheerfully parted with, that Mr. Palmer's substitutes may be applied, and the leg or arm rendered useful once more. We have heard that Mr. Palmer himself employs one or more artificial limbs of his own manufacture, but, although we observed very closely, we saw no evidence of it. Still, we believe that such is the fact. One thing is certain, Mr. Palmer has been the means of adding to the comfort and happiness of many an unfortunate cripple, and our readers should exert themselves to extend his means of usefulness in that direction. Palmer's rules for amputating should be observed by surgeons. Send for his pamphlet.

New York Ophthalmic Hospital.—See the notice of this institution in our advertising pages. It is, we believe, the most extensive institution of the kind in the country, and physicians can there enjoy excellent epportunities for the study and observation of diseases of the eye.

Tilden & Co.—These gentlemen have distinguished themselves in the preparation of many of the vegetable medicines in use in our country. Their preparations have acquired great celebrity, and we think they have given general satisfaction.

It has occurred to us, however, that they would best subserve the cause of medical progress, and perhaps their own interests, if they would confine their attention to fewer preparations, and have them so well prepared as to defy competition from any source. We are aware that they have very extensive facilities for preparing a great variety of medicines, but we think fewer medicines, well prepared, would be better. Let the time and attention devoted to preparing so great a variety be given to improving the modes of preparation. Above all, we hope that they will forbear attempts to "improve" officinal formulæ, but leave that to the recognized bodies who promulgated them. We cannot, however, commend the spirit which some of our cotemporaries have of late indulged toward these gentlemen. We do not think that the profession can well do without their valuable experience in the preparation of some of our best medicines.

Medicine Cases, &c.—We would call the attention of our readers to Mr. Lutz's advertisement of medicine and other cases.

Medical News.

MARRIAGES.

BAYARD—MCMULLIN.—In this city, on the 28th of December, by Rev. J. H. Jones, D. D., John T. Bayard, M. D., of Leitersburg, Md., to Miss Maria Ord, daughter of Mr. John S. McMullin, of this city.

MARKLEY—DARE.—Dec. 30th, at the residence of Dr. Arthur D. Markley, Montgomeryville, Pa., by Rev. Jos. F. Dennison, Benjamin Frank. Dare, of Philadelphia, to Amelia A. Markley, of the former place.

DEATHS.

CHAPMAN.—At Manhasset, L. I., on Friday, Dec. 31st, Dr. Austin Chapman, in the 79th year of his age.

PICTON.—In New Orleans, on the 28th of October last, J. M. W. Picton, M. D., Professor of Diseases of Women and Children in the N. O. School of Medicine.

TO CORRESPONDENTS.—*Pertinent Questions for Dr. Rogers.* — A correspondent writes as follows: — "Please ask of your worthy correspondent, Dr. Rogers of Delaware, more definite information concerning his case of hernia. Was there any sloughing of the intestines beside the portion that protruded through the original aperture in the abdominal wall? Were there several apertures in the *intestinal* walls — or, was there but one, and the several apertures in the *abdominal* walls all connected with this one? Did the patient take *three* grains of sulphate of morphia *at once*—or, was the solution of this three grains in four ounces of brandy given in portions? Did all the penis slough away, or only a portion of it? It would appear from the form of expression that it did, but from the matrimonial intentions of the patient that it did not. The case is certainly a very remarkable, as well as instructive one, and is sufficiently extraordinary, even if, when more definitely stated, it should prove less marvellous than it now appears." Will Dr. Rogers answer these questions as briefly as possible?

Dr. T. G., Easton, Pa. — Dr. Dickson's Address on the late Dr. J. K. Mitchell was sent on the 30th ult.

Dr. R., Willow Grove, Del.—Bullock & Crenshaw have forwarded your lancet by mail this day.

The Transactions of the American Medical Association have been received from the publishers, Messrs. Blanchard & Lea, and will be noticed in due time.

Dr. Carnochan's Contributions to Operative Surgery and Surgical Pathology is received, but too late for notice in this number.

Communications.—We have articles on hand from Drs. S. R. Forman, of Hoboken, N. J., Geo. J. Zeigler, of this city, and W. Johnson, of N. Jersey.

PROSPECTUS

OF THE

MEDICAL AND SURGICAL REPORTER.

THIS Journal, for many years favorably known as a Monthly, was changed to a Weekly on the 1st of October, 1858.

Its aim will be, as heretofore, *to serve the Profession*,—especially in its organized capacity—without fear or favor, and entirely untramelled by outside connections, under the following departments:—

1. Original Lectures on Special Departments of Medicine and Surgery;
2. Original Communications;
3. Illustrations of Hospital Practice; being original reports from the clinical teachings of the Hospitals and Schools of this and other cities;
4. Reports of papers read, and discussions had before Medical Societies;
5. Brief Reviews and Notices of Books;
6. Editorials;
7. Correspondence;
8. A Weekly Domestic and Foreign Periscope;
9. Medical News—including Marriages and Deaths of Physicians, or in their immediate families.

Nothing which our means can command, shall be spared to make the REPORTER an able and acceptable exponent of American Medicine and Surgery. To this end we solicit an earnest and hearty literary and pecuniary support.

SIZE.—The REPORTER will be issued on Saturday morning of each week, each number consisting of sixteen pages of super-royal octavo size, (somewhat larger than the page of Harper's Monthly). *It is the intention of the Proprietor to enlarge it to even* DOUBLE *its present size as soon as his subscription list will warrant it.* EVEN NOW THE REPORTER IS ONE OF THE CHEAPEST MEDICAL JOURNALS PUBLISHED in this or any other country.

PRICE AND TERMS.—The subscription price is $3 00 *in advance;* single copies, *eight cents.* The REPORTER will only be sent to those who pay for it. ☞ *Notice will be given to subscribers at the termination of their subscriptions.* Those who desire can subscribe for one or two-thirds of a year. Current paper, gold dollars or postage stamps received in payment.

☞ Communications, Essays, Items of Intelligence, Biographical Sketches of Distinguished Men, Notices of Marriages and Deaths of Physicians, etc., etc, are respectfully solicited.

Address the Editors, Philadelphia, Pa. Office N. W. corner of Seventh and Arch streets.

S. W. BUTLER, M. D.,
R. J. LEVIS, M. D., } Editors.

☞ Single copies can be obtained and subscriptions made, as follows:—

Lindsay & Blakiston's Medical Book Store, No. 25 South Sixth Street, above Chestnut,

Joseph M. Wilson's, 111 South Tenth Street, below Chestnut, and at

Taylor & Wetherbee's Drug Store, N. W. corner of Ninth and Chestnut Streets.

THE

Boston Medical and Surgical Journal.

A Weekly Medical Journal of Thirty Years Standing!—The Boston Medical and Surgical Journal was commenced as a weekly periodical in the year 1828. During nearly the whole of the time, to the present year, it has been the only weekly periodical of the kind in the United States, and has circulated in every part of the country. There has been no intermission in its regular issue during these thirty years, and it now counts over SIXTEEN HUNDRED consecutive numbers, and is approaching its SIXTIETH volume. Its predecessor, The Boston Medical Intelligencer—also a weekly periodical—was begun in 1823 by J. V. C. Smith, M. D., then Professor of Anatomy in the Berkshire Medical Institution, was issued from the same office till the year first named, when it passed into the hands of Professors Warren, Channing and Ware, of the Medical School of Harvard University, took the name of the present work, and was for awhile edited by those gentlemen. On a change of editors, it became disconnected from the Medical School, and has ever since remained so—being in all respects *independent* in its associations, and with no interests to advance but those of the regular profession to which it has always looked for support. It is now under the Editorial management of Wm. W. Morland, M. D., and Francis Minot, M. D., who are honorably connected and in good fellowship with the Faculty of Boston, and are allowed the free use of whatever of general interest can be obtained from the various medical institutions of the city. From individual Members of the Profession, not only in Boston but in other and distant parts of the country, valuable literary aid is constantly received, and it is believed no Medical Journal has ever excelled it in the number and respectability of its contributors. The Editors make it their constant aim to present weekly, from the ample sources at their command, a variety of matter which will prove serviceable to the general practitioner, with brief notices of whatever of interest is occurring in the medical world.

The work has at different times been enlarged, and now comprises, in each of its weekly issues, twenty large octavo pages of reading matter, stitched in a cover containing Contents and Advertisements. A Monthly Series is also issued, and is sent to subscribers who prefer the work in that form. Price, for either series, $3 00 a year, payable in advance. Orders by mail promptly attended to. New volumes commence in February and August of each year. A few complete sets of the Journal, from its commencement, at a reduced price, uniformly bound, may be had of the subscriber.

DAVID CLAPP, Proprietor and Publisher,

over 184 *Washington Street.*

BOSTON, Dec. 13, 1858. 114–127.

RATES OF ADVERTISING

IN THE

MEDICAL AND SURGICAL REPORTER.

Ten lines or less,	$1 00
Every additional line,	06
A whole column,	6 00
A page,	10 00

Ten lines in NONPAREIL, *which is the type used, will occupy about one inch of space.*

For more than one insertion, there will be an abatement in the rates of charge.

☞ Advertisements payable in advance, except by special contract.

☞ *The Editors of the* REPORTER *will attend to the selection and purchase of Books, Instruments, etc., or to other minor commissions for their Subscribers, free of charge.*

TILDEN & CO'S

PURE MEDICINAL PREPARATIONS.

ALCOHOLIC AND HIDRO-ALCOHOLIC SOLID EXTRACTS.

The superiority of our Extracts consist in the employment of the best materials; the proper selection and use of agents to obtain the active properties; *conducting the exhaustion without heat, in an apparatus of our own invention; securing what is worthy of extraction and avoiding any change whatever by subsequent evaporation in a vacuum.*

Aconiti.
Apocyni Andros, *Bitter Root.*
Apocyni Canab, *Indian Hemp.*
Anthemidis, *Chamomile.*
Artemisiæ, *Wormwood.*
Aslepias, Ind, *Indian Hemp, White.*
Belladonnæ.
Cornus Floridæ, *Boxwood.*
Conii.
Chimaphilæ, *Princess Pine.*
Cimicifugæ, *Black Cohosh.*
Cypripedii, *Ladies' Slipper.*
Cannabis Ind., *Ind. Hemp, Foreign.*
Colocynthidis, *Colocynth.*
Compositum.
Cubebæ.
Digitalis.
Dulcamaræ, *Bittersweet.*
Eupatori, *Boneset.*
Filciis Maris, *Malefern.*
Gentianæ, *in 1 lb. pots.*
Geranii Mac., *Cranesbill.*
Hyosciami.
Hæmatoxyli. *Logwood.*
Hellebori, *Black Hellebore.*
Humuli, *Hop.*
Ignatia Amara, *Ignatia Bean.*
Iridis Versicol, *Blueflag.*
Jalapæ.
Juglandis, *Butternut.*
Lactucæ, *Lettuce.*
Leomori, *Motherwort.*
Leontice Thalictroides, *Blue Cohosh.*
Lappi, *Burdock.*
Marrubii, *Horehound.*
Phytolaccæ, *Poke Root.*
Podophylli, *Mandrake.*
Papaveris, *Poppy.*
Quercus Albæ, *White Oak.*
Quassiæ.
Rumicis. Crispæ, *Yellow Dock.*
Rutæ, *Rue.*
Rubi Villosi. *Blackberry.*
Sarsaparillæ, American.
American, Comp'd.
Rio Negro.
" Comp'd.
Sabinæ, *Savin.*
Sanguinariæ, *Blood Root.*
Stramonii.
Spiræ, *Hardhack.*
Sennæ Alex.
Taraxaci. *Dandelion.*
Trifolii, *Red Clover.*
Uvæ Ursi.
Veratri Viride, *White Hellebore.*
Valerianæ, *English.*

FLUID EXTRACTS.

The many advantages of the fluid form of Extracts are too obvious to be questioned. They afford, with many medicines, the only form in which to secure and preserve the whole activity of the plant;—*avoiding the bulk of infusion or the stimulation incident to the use of tinctures.* Each fluid ounce represents one ounce of the crude material. Directions accompany each package of our Fluid Extracts.

The following prices are for the Fluid Extracts in Pound Bottles. We also put them up in 4-ounce Bottles, and furnish them in 5-pound Bottles, when desired.

Aconite.
Arnica.
Blackberry, *Rubus Villosus.*
Buckthorn.
Buchu.
Comp'd
Black Pepper.
Belladonna.
Boxwood, *Cornus Florida.*
Butternut, *Juglans.*
Blue Flag, *Iris.*
Bugle, *Lycopus.*
Bloodroot, *Sanguinaria.*
Boneset, *Thoroughwort.*
Bitterroot, *Apocy. Andros*
Burdock, *Lappus.*
Bittersweet, *Dulcamara.*
Black Cohosh, *Cimicifuga.*
Columbo.
Colchicum Root.
Seeds.
Cherry Bark.
Comp'd.
Conium.
Capsicum, (2 oz.)
Cinchona.
Comp'd, *U. S. P.*
Red.
Calisaya.
Cubebs.
Ethereal.
Cranesbill, *Geranium.*
Culvers Root, *Leptandria.*
Celandine, Garden.
Cannella.
Corton Root.
Cascarilla.
Chamomile, *Anthemis.*
Dandelion, *Taraxacum.*
Comp'd.
and Senna.
Ergot, Etheria.
Foxglove, *Digitalis.*
Gentian.
Comp'd.
Ginger.
Golden Seal, *Hydrastis.*
Garget, or Poke, *Phytolacca.*
Gelseminum.
Gravel Plant, *Arbutus.*
Gillenia.
Hydrangea.
Hops, *Humulus.*
Hyoscyamus, *Henbane.*
Horehound. *Marubium.*
Hardhack, *Spiræ.*
Ipecac.
Ignatia Bean, *Ignatiæ Amara.*
Indian Hemp, *Apocy. Canab.*
Foreign, *Cannabis Ind.*
Jalap.
Life Root, *Senecio.*
Lobelia.
Comp'd.
Ladies' Slipper, *Cypripedium.*
Lettuce, *Lactuca.*
Matico, *Piper Angust.*
Mandrake, *Podophyllum.*
Comp'd.
Opium Aqueous.
Orange Peel.
Orris Root.
Princess Pine, *Pipsissewa.*
Poppy.
Pareira Brava.
Pleurisy Root. *Asclepias.*
Prickly Ash, *Xanthoxylum.*
Peppermint.
Pink Root, *Spigelia.*
And Senna.
Comp'd
Quassia.
Rhubarb.
Aromatic.
And Senna.
Rhatany. *Krameria.*
Senna, *U. S. P.*
And Jalap.
Aqueous.
Stillingia, *Queen's Root.*
Comp'd.
Sarsaparilla, Rio Negro.
Comp'd.
And Dandelion.
Scullcap. *Scutellaria.*
Comp'd.
Serpentaria.
Stramonium. *Thornapple.*
Savine, *Sabina.*
Seneka.
Squills.
Comp'd.
Saffron.
Sassofras.
Turkey Pea.
Unicorn.
Uva Ursi.
Valerian, 2 oz.
Varatrum Viride.
Wahoo.
Water Pepper, *Polygony.*
White Oak, *Quercus Alba.*
Wild Indigo, *Baptisia.*
Witch Hazel.
Wintergreen, *Pyrola.*
Yellow Dock, *Rumex.*

SUGAR-COATED PILLS AND GRANULES.

The difficulty and inconvenience which Physicians experience in forming Pills of Solid Extracts, and of the various medicines usually employed in that form, we have obviated by putting them up in Pills and Granules of *known* and determined weight, covering them with a coating of sugar. Each contain a *definite amount by weight*, and thus the dose is rendered exact and reliable.

1-32 *Grain each.*
Arsenous Acid.
Atropine.
Digitaline.
Strychnine.
Veratrine.

1-16 *Grain each.*
Codeine.

1-8 *Grain each.*
Morphine.

1-4 *Grain each.*
Extract Aconiti.
Belladonna.
Conii.
Veratri Virid.
Tartar Emetic.
Conicine.
Kermes.
Extract Ipecac,
Opium.
Proto-Iodide of Iron.
Nitrate Silver.

1-2 *Grain each.*
Extract Aconiti.
Belladonnæ.
Colchicum.
Conii.
Digitalis.
Hyoscyami.
Cannabis Indicæ.
Sangu inariæ.
Stramonii.
Veratri.
Ignatia Amara.
Irisin.
Santonine.
Sanguinarin.
Podophyllin.
Phytolaccin.
Pigorine.

1 *Grain each.*
Proto-iodide of Iron.
Lactate of Iron.
Apocynin.
Asclepin.
Cimicifugin.
Irisin.
Jaiapin.
Leptandrin.
Geranin.
Opium.
Quvenne's Iron reduced by Hydrogen.
Sulphate of Quinine.
Valerianate of Quinine.
Hydrastin, neutral.
Hydrastina, Alkaloid.
Populin.
Sanguinarin.
Scutellarin.
Salicin.
Stillingin.
Xanthoxylin.
Extract Aconiti.
Apocyni Cannab.
Belladonnæ.
Conii.
Cannabis Ind., *India Hemp.*
Ergot, *ethereal.*
Hyoscyami.
Hellebori, *Black Hellebore.*
Jalapæ.
Iridis Versicol, *Blue Flag.*
Phytolaccæ, *Poke Root.*
Podophylli, *Mandrake.*
Puassiæ.
Rhatany.
Rhei.
Sabinæ.
Sanguinariæ.
Stramonii.
Tannin.
Capsicum.

2 *Grains each.*
Anderson's, *Anti-bilious and Purgative.*
Citrate of Iron.
Willow Charcoal.
Cornin.
Calcined Magnesia.
Sulphur, Washed.
Iodide of Potassium.
Ipecac and Opium, *Dover's Powder.*
Senecin.
Sub Nitrate of Bismuth.
Tartrate Potassa and Iron.
Magnesia and Rhubarb, (one grain each.)
Calomel.
Opium and Acetate of Lead, (1 gr. each.)
Extract Apocyni Andros, *Bitter Root.*
Anthemidis, *Chamomile.*
Asclepias Inc., *Indian Hemp, White.*
Cimicifugæ, *Black Cohosh.*
Cornus Floridæ, *Bozwood, Dogwood.*
Extract Columbæ.
Cypripedii, *Ladies Slipper.*
Cubebæ.
Dulcamaræ, *Bittersweet.*
Eupatori, *Boneset.*
Fillicis Maris.
Gentianæ.
Geranii Mac, *Cranesbill.*
Hæmatoxyli *Logwood.*
Lactucæ, *Lettuce.*
Leontice Thalictroides.
Lappi. *Burdock.*
Marrubii, *Horehound.*
Papaveris, *Poppy.*
Quercus Albæ, *White Oak.*
Rumicis Crispæ, *Yellow Dock.*
Rutæ, *Rue.*
Rubi Villosi. *Blackberry.*
Leonori, *Motherwort.*
Spiræ, *Hardhack.*
Sennæ Alex.
Uvæ Ursi.
Valerianæ, *English.*

2½ *and* 5 *Grains each.*
Blue Pill, *U. S. P.*, 2½ grains.
5 grains.

3 *Grains each.*
Compound Cathartic, *U. S. P.*
Dinner Pill, *Lady Webster's.*
Compound Calomel, *Plummers.*
Compound Iron, *U. S. P.*
Copaiba and Extract Cubebs.
Copaiba and Ext. Cubebs and Citrate Iron.
Extract Chimaphilæ, *Pr. Pine, Pipsissewa.*
Colocynthidis, *Compositum.*
Cubebs and Alum.
Ext. Rhatany and Iron.
Colocynth Com. & Hyoscy's, *U. S. P.*
Sarsaparillæ, *American.*
Compound.
Rio Negro.
Compound.
Taraxaci, *Dandelion.*

4 *Grains each.*
Aloetic, *U. S. P.*
Aloes and Iron, *U. S. P.*
Aloes and Myrrh. *U. S. P.*
Assafœtida, *U. S. P.* without smell.
Aloes and Assafœtida, *U. S. P.* do.
Bicarbonate Soda.
Copaiba, pure solidified.
Rhubarb Compound, *U. S. P.*

ALKALOIDS AND RESINOIDS.

Our list of these now embrace all articles of known worth or value, and every article is warranted pure. They are put up in bottles, each containing one ounce of the active principle.

Alunin, *Alder.*
Apocynin. *Bitter Root.*
Asclepin, *Pleurisy Root.*
Aletrin, *Star Root.*
Baptisin, *Wild Indigo.*
Cimicifugin. *Macrotin.*
Caulophylin, *Blue Cohosh.*
Cornin, *Boxwood.*
Chelonin. *Balmony.*
Cypripedin.
Corydalin, *Turkey Pea.*
Dioscorin, *Wild Yam.*
Eupatorin Perfo, *Boneset.*
" Purpu, *Queen of the Meadow.*
Eryngine, *Corn Snake Root.*
Gelsemin, *Yellow Jessamine.*
Geranin, *Cranesbill.*
Hydrastin, Resinold.
Neutral.
Hydrastina. Alkaloid.
Heleonin, *Unicorn.*
Hyosciamin, *Henbane.*
Irisin, *Blue Flag.*
Jalapin, *Jalap.*
Juglandin, *Butternut.*
Lobelin, *Lebelia.*
Liatrin, *Button Snake Root.*
Leptandrin, *Culvers Root.*
Lupulin, *Hop.*
Myricin, *Bayberry Bark.*
Phytolaccin, *Garget, or Poke.*
Prunin, *Cherry Bark.*
Podophyllin. *Mandrake.*
Populin, *Poplar.*
Rhusine, *Sumac.*
Rumin, *Yellow Dock.*
Sanguinarin, Resinold, *Blood Root.*
Sanguinarina, Alkaloid.
Scutellarin, *Scullcap.*
Senecin. *Life Root.*
Salacin, *Willow.*
Stillingin, *Queen's Delight.*
Trillio. *Beth Root.*
Veratrin, *Hellebore.*
Viburin, *Cramp Bark.*
Xanthoxylin, *Prickly Ash.*

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THE

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Original Communications.

On Tuberculosis and its Treatment.

By Geo. J. Ziegler, M. D.,

Physician to the Home for Invalids with Diseases of the Chest, Philadelphia.

Notwithstanding the rapid advancement of medical science, the pathology and treatment of tuberculosis still remains involved in doubt and uncertainty.

Some of this is doubtless a consequence of the extreme difficulty of acquiring a knowledge of the natural history of the disease; yet it is probable that much of it is dependent upon the apathy resulting from the impression, so prevalent, of its incurability, though undoubtedly more or less of it is necessarily connected with the obscure and intractible nature of the affection itself.

It is therefore obviously the duty of those more immediately interested, to discard all preconceived notions or *a priori* conclusions, and to adhere more closely to the *a posteriori* plan of investigation. Investigation *de novo*, on the principle of observation and induction, will, without doubt, afford more correct and comprehensive views on the subject; and, as a necessary consequence, better enable our profession to fulfil those obligations resting upon it.

Positive knowledge on the subject, can only be most certainly acquired by a diligent and systematic examination of everything connected with the origin, progress, and termination of this destructive affection; and the nature of the juvantia and lædentia in its course and treatment.

In the effort to thus augment our knowledge, I herewith submit the results of my own individual experience, observation, and reflection, believing them to be somewhat peculiar and in accordance with truth.

It is not, however, my present intention to treat this subject of tuberculosis, *in extenso*, but merely to invite attention to some of the more important points connected with its pathology and treatment, with a special reference to that variety commonly called phthisis.

For a better comprehension of the ideas advanced, it may not be amiss to state in the outset, that I regard tuberculosis as a depraved condition, *sui generis*, of the general system, accompanied with the development of an adventitious substance termed tubercle. This latter in conjunction with the constitutional dyscrasia, causes other derangements, and these still others, until the vital processes are so much deranged, and the organism so much impaired, that the continuance of life action becomes impossible and death ensues.

Tuberculosis has been, and is still, confounded with another dyscrasia known as scrofulosis, yet I cannot but regard them as totally distinct, though allied to, and often complicated with each other. Each one of these diseases has its special peculiarities. The following will exhibit some of the most essential points of difference between them. Thus, tuberculosis is marked by general adynamia, abortive nutrition, and the development of tuberculous matter. Scrofulosis, on the other hand, is not necessarily, nor so immediately connected with general adynamia, but always with depraved nutrition, imperfect organization, and defective, feeble, or flaccid structure; tubercle being non-essential to, and a complication of the scrofulous diathesis.

In the former then, there is a complete failure of nutrition and organization, with the production of an adventitious material incapable of undergoing vital transformation and organization. In the latter there is positive activity of the nutritive processes with organic development, though of a low grade, and more or less depraved character, having specific features and well marked tendencies, separate and distinct from the other.

These morbid states are, however, so intimately associated, and so frequently complicated with each other, as to give origin to, and continue the belief in their identity.

These and other characteristic peculiarities of tuberculosis and scrofulosis, and more especially those connected with the age, temperament, habits, or etiology, diathesis, type, tendency, eruption and localization of the disease, treatment, etc., might be noted more in detail, but as they would occupy more time and space than can now be given them, as well as interfere with the special design of this paper, they will be passed over for the present.

Tuberculosis is characterized by general asthenia and mal-assimilation with the evolution of a special material called tubercle. This is the immediate result of abortive nutrition from a failure of normal cell action. This itself is often conjoined with, or the result of a defective protoplasm or deficient vital energy, either one or all of which may be consequent upon a feeble or depraved organization from hereditary or other influences. Thus, tuberculous development is dependent upon a failure of general and local histogenetic power and cell action, conjoined with imperfect or depraved blastema and a special dyscrasia. It is probable, however, that to a limited extent, the tuberculous matter is the more exclusive result of a local disease from the incapacity of the cells or tissues of the part in which tubercle is found to assimilate the blastema supplied to them, or the blastema may be so depraved as to be incapable of healthy metamorphosis, or, as is most general, both the blastema and histogenetic power may be at fault.

The correctness of this view of the occasional local origin of tuberculous matter, which is usually dependent upon a general dyscrasia, is rendered more probable by the peculiar character and rapidity of the tuberculous degeneration which sometimes takes place during the progress of phthisis, as well as by the frequently isolated and limited development of tubercle in scrofulous glands and other parts, while it is still more strongly supported by the tuberculization of the plastic exudates. It is moreover sustained by analogy, as "the same blastema, pus, cancer-blastema, for instance, may in one case, imply general, in another, local disease."* It is, however, more positively confirmed by the fact, that "minute portions of blastema of tubercle may be seen occasionally in the closest contact with, nay, in the centre of vigorous textures, in robust individuals."†

These facts in favor of the occasional local origin of tubercle do not, however, impair the general doctrine of tuberculosis any more than the casual local origin of cancer or other adventitious matter, disproves the non-existence of a general dyscrasia.

This adventitious or tuberculous matter is most frequently and abundantly developed in the lungs, and most generally in the superior part of those organs, and, what is still more singular, in one side more frequently than in the other.

The reasons for this strong pulmonary tendency are not so apparent, though it is probable that it depends upon some simple physiological and pathological law. It appears to me that the explanation must be founded upon the structure and function of the affected organs, as well as the origin and nature of tubercle.

Those organs in which tubercle is most frequently found, are endowed with a peculiar and complex structure, and execute functions of a varied and compound character. In the lungs, for instance, the spongy parenchyma is composed of numerous cells and capillary vessels, ærating and circulating an immense amount of blood, greatly disproportioned to the quantity required for the nutrition of

*Rokitansky. †Ibid.

those organs. Now the greater the complexity, the greater, *cæteris paribus*, the tendency to derangement; and this is corroborated by the frequency and destructive character of the disorders of the pulmonary and other complex organs. Hence, in consequence of the peculiar structure and functions of these organs, and the complex nature of the nutritive fluid passing to, and through them, and the relations which they and it bear to the other organs and the general system, derangement is very apt to take place. These disturbances are more or less directly connected with innervation, the integrity, arterialization, and circulation of the blood, nutrition, and depuration, and are often attended with local hyperæmia, inflammation, exudation, etc., causing modification of the organic structure, and too frequently the development of adventitious matter. Thus impaired nutrition, local congestion, exudation, and tuberculization, stand in intimate relation with each other, and more especially when the nervous system is depressed, the blood depraved, and the tuberculous dyscrasia is predominant. It is highly probable, therefore, that either one or more of the elements of excessive, defective, or depraved plasma, disturbed capillary circulation, too frequent and abundant exudation, and deficient cell or histogenetic action, is often more immediately concerned in the development of tubercles, though of course, in most instances, the influence of the general dyscrasia must be superadded.

The progress of the tuberculous affection is marked by certain phenomena, indicative of the destructive changes going on in the economy. These, for practical purposes, have been arranged in groups or stages. Those usually made, however, appear to be somewhat arbitrary, indefinite, and artificial. The following seems more definite and natural. Thus, tuberculosis has three well defined and distinctive stages, viz: *first*, that preceding the development of tubercles, in which the systemic energies and general nutritive processes are impaired, usually indicated by general adynamia and atrophy; *second*, that in which the tubercles are developed; and, *third*, that in which they undergo metamorphosis.

These pathological processes and their concomitants will be noticed more particularly, in considering the treatment.

Suspected Poisoning—Premature Labor—Metritis—Death and Autopsy.

By S. R. Forman, M. D.,

of Hoboken, N. J.

F. F., aged 30, married, native of Ireland, admitted into Bellevue Hospital, New York, Thursday, June 10th.

She says she has always been healthy, but for the past two years rather intemperate. Is the mother of eight children, and is now a little over eight months gone with the ninth

On Saturday, five days before admission, sh was drinking at the house of an acquaintance, but did not take enough to intoxicate her; just before her departure, her friend went out, and brought her in a glass of beer, which she drank. Immediately after, she felt a burning sensation in the fauces, and before she reached the corner of the street, she was seized with vomiting, which continued, violent and almost incessant, up to the time of her entrance. This was attended with a burning pain in the fauces œsophagus and stomach, and much thirst; the matter vomited was blackish, yellow, and green by turns.

On admission her countenance was anxious; face flushed; respiration hurried, and sighing; pulse 120, and very feeble; tongue moist, and coated down the middle; tenderness over the stomach; pain and thirst, persistent; vomited matter, greenish. Morphia and hydrocyanic acid, with bicarbonate of soda and colombo, were given internally, and a blister, dressed with the acetate of morphia, applied over the stomach; but they were followed with very slight, if any amelioration of the symptoms.

Saturday.—Same symptons presented, but more prostration manifested; hands and feet cold; pulse scarcely perceptible. A hot air bath, and injections of beef tea and brandy were given. At 4, P. M. labor pains began, and notwithstanding she was very feeble, and

was vomiting every fifteen minutes, she had a regular natural labor, the first stage lasting till 11, P. M., when the membranes were ruptured, and a still-born child expelled, its cuticle being abraded in one or two places. Stimulants of ordinary kind were rejected; effervescing draughts of flaxseed tea, made with carbonate of ammonia and citric acid, were administered; these were retained, and proved very grateful and efficacious. As she was restless after delivery, one-third of a grain of morphia was given, when she became quiet, and slept most of the night, awaking occasionally, and vomiting.

Sunday.—Her general condition was somewhat improved; pulse became perceptible; face less anxious; vomiting almost ceased; took nearly a pint of milk, and two ounces of beef tea; lochia established; slept most of the day.

Monday.—Much better; skin warm, natural; pulse fuller, stronger, decreased in frequency; no vomiting; sleeping most of the time; some milk secreted; appetite good. At 10, P. M., had a chill; pulse ran up to 130; no pain or tenderness over uterus; lochia persistent; no tympanitis, no vomiting; about twenty hours after the chill a little tenderness over uterus. In spite of all stimulants she sank rapidly, and died at 11, A. M., on Tuesday.

During her stay in the hospital her bowels were not freely moved; she had no cramps, no pains, no shrinking of the skin of her hands. Her urine was examined, but contained no albumen. The vomited matter under the microscope showed no traces of blood, either pure, or as changed by the fluids of the stomach. The night before her death she was a little wandering in her mind; at no other time did her intellect appear affected. Her improvement on Sunday and Monday was so marked as to warrant a favorable prognosis, and up to the hour of the chill, she did well.

Autopsy twenty-six hours after death: weather not very warm, but damp.

No decomposition was manifested: body was well nourished. On making a section of the scalp, a small quantity of effused blood was found, overlying the left parietal bone; on removing the cranium, the dura mater just beneath this spot was found congested. On the convex surface of both hemispheres were small patches of lymph; no serous effusion. *Thorax*—lungs healthy; heart fatty, with a ounded apex. *Abdomen*—no perit onitis, no injection of any part; liver fatty, not cirrhosed; kidneys—left larger than right; both appeared to have undergone some fatty degeneration; stomach large, and rugæ well marked; part of the greater cul de sac markedly congested, and slightly œdematous; near the pylorus also much injected, as though sprinkled with blood; no ulcerations or erosions; duodenum highly injected, and stained deeply with bile; a small effusion of blood into the cellular tissue, about the head of the pancreas; uterus normal in size and external appearance. On making a section of it, the internal surface was found covered with a dark brownish red (shaded off gradually toward the neck into an ashy gray) pasty matter, which, after some exposure, became greenish; the neck of normal appearance. On section, pus was found in one of the Fallopian tubes; none in the other; ovaries slightly congested—a few serous cysts attached to each.

With the testimony as to the post mortem appearances, the case passed into the hands of the coroner, *who did not consider it necessary to have any chemical or other further examination held.*

The case is interesting, both in a medical and medico-legal point of view. It is one of the most speedily fatal cases of endo-metritis on record, death ensuing in twenty hours after the chill. Of course death was hastened, and perhaps caused by her prostration. If so, then the cause of that becomes the indirect cause of death. If it was the result of poison, as she alleges, the question arises, how far is the person who administered it legally responsible? It becomes of great importance, then, to establish the differential diagnosis between the symptoms of poisoning, and a condition which may be the result of albumiuria, or of simple pregnancy.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

WEDNESDAY, JAN. 5.

Service of Dr. Wood.

Reported by Theodore A. Demme, M.D.

Perforation of the Bowel in Enteric Fever.—Since our last meeting we have had another case of death from perforation of the bowel.

On examining the intestines, the surfaces of the patches of Peyer's glands are found in various stages of ulceration. In some instances the muscular coat of the bowel is the floor of the ulcer; in others, in consequence of the destruction of that tissue, it is the peritoneal coat, and this last, as in the present case, may be perforated so as to form a communication between the cavity of the bowels and the cavity of the abdomen. The perforation is produced either by the progress of ulceration, by mortification of the uncovered peritoneal membrane, or by its rupture, from force applied within the bowel.

Rheumatic Carditis.—A case of acute rheumatism was presented to the class.

In this connection, gentlemen, I would particularly direct your attention to the frequent coincidence of carditis endo- and pericarditis, and acute articular rheumatism. This man presents to the eye the usual appearances of rheumatic inflammation of the joints; but he also complains of a slight uneasiness in the cardiac region. There was also some shortness of breath. Upon auscultation, a murmur was very perceptible over the mitral valves. These signs were indicative of thickening and roughness of the valves.

This is the work of rheumatism. Thus, like an assassin, it makes a deceptive attack upon some distant point to mislead our attention, whilst it seizes upon the heart. Remember that the symptoms attending inflammation of the lining and investing membranes of the heart are *often latent*, and therefore apt to be overlooked. If you are not on your guard, if you do not watch against the blow given in the dark, death, or a life of misery, may be the consequence to your patient, of your unwariness.

Prognosis.—The articular rheumatism is rapidly yielding. In regard to the cardiac complication we are not positive of the result; but, having seized upon it in its early stage, we may hope that the disease will be eradicated.

Treatment.—Over the heart a large blister, six by eight inches; at the same time, give pil. hydrarg. and pulv. ipecac. et opii.

The mercurial will not only act in this case as an anti-rheumatic alterative, but will also tend to cause absorption of any fibrinous deposit occurring upon the mitral valve.

Enteric Fever.—The symptoms—meteorism, (slight distension of the abdomen consequent upon gaseous accumulation in the intestines); diarrhœa; dull expression of the countenance; dark hue of the face; dryish and glazed tongue; delirious symptoms. The patient is laboring under the impression that he is dead—(a delirious symptom.)

Here is another case requiring a blister to the head. I have never in my life seen so many cases requiring a blister to the head grouping together.

I regard the cerebral symptoms of enteric fever, as the exhibition of functional derangement of the brain, and not the effect of inflammation of that organ. I do not, therefore, suppose the blisters act by curing any inflammation, but rather by revulsion, or some as yet unknown modus operandi.

Intermittent Epilepsy.—Occurring upon every seventh day.

Treatment.—Quiniæ sulphatis, gr. xvi—through the day.

Under this treatment he has been free from any attack during the last twenty-one days.

Service of Dr. Peace.

Fracture of the Astragulus.—During the last year the city of Philadelphia has almost entirely banished the old means of conveyance, (omnibuses,) and now may be called the railway city.

Most of the traveled thoroughfares are traversed by passenger cars capable of containing from thirty to fifty persons. Since the introduction of this means of locomotion a new class of accidents is presented—railway injuries; but, in consequence of the lightness of the cars, not of such a serious nature as those usually grouped under this head.

A man illustrating this class of injuries was presented to the class.

There is here a compound fracture of the astragalus, (the second one that we report.)

But in this case, the soft parts are very little injured; the arteries are all intact, and therefore we hope to save this limb. The boot that the man wore at the time of the accident was shown. The heel was surrounded by a heavy iron ring; and to this fact, no doubt, the man is indebted that the soft parts have to such a great extent escaped.

Another passenger railway injury was presented, involving fracture of the internal humeral condyle, with great injury to the soft parts.

Treatment.—The arm must for the present be kept at rest, and cold water applications made.

Fracture of the Skull.—This man was found upon a bridge, lying in a comatose condition. He lies here like an automaton. The mind and soul seem to have resigned their sceptre, whilst the physical organism still lives in obedience to the vital force.

Upon examination a most extensive fracture of the skull, involving a large portion of the parietal and temporal bones, was found, portions of the fractured bones were forced in.

He was immediately trephined upon admission into the hospital, several large fragments of bone removed, as well as a clot of blood lying between the dura mater and bone.

Prognosis.—Very serious.

How was this injury inflicted? This is often a most serious question to decide. This man, it was

stated, had fallen, but no fall could have made this kind of wound.

I think that he received a violent blow from some weapon not presenting a large surface at the place of contact. My reason for this belief is the smallness of the external wound, with the very great extent of the fracture.

Inturning of the Nail.—A case was presented. Do not immediately have resort to the operation of evulsion. I believe that most cases may be completely cured by the following simple mode of treatment:

Several small strips of lint are moistened with a solution of sulphate of copper, grs. 3 to f℥j. of water. The lint is then to be gently but firmly inserted between the edge of the nail and the toe, in such manner as even to elevate the nail a little from its matrix.

The edge of the nail rests upon the lint, whilst the sulphate of copper acts on the ulcerated surface that invariably exists around the nail.

Extensive Chancre.—A man was presented to the class having upon the upper and inner portions of the thigh, extending from the groin downwards, an extensive suppurating ulcer. About fifteen months ago the man contracted syphilis; a chancre and bubo were allowed for some time to go on without proper treatment. The bubo never healed properly, but the matter, burrowing in various directions, caused this extensive sore.

He was several times placed under treatment for secondary syphilis.

When I saw the man I at once concluded that he was still laboring under primary syphilis, that this extensive ulcer was nothing more than a huge non-indurated chancre. To test the point, he was inoculated upon the sound limb with some of the pus taken from the suspected sore. An ulcer formed, presenting all the characteristics of a chancre.

There is no doubt that the matter from the bubo has produced the specific sore.

Treatment —The man was etherized, and the ulcer thoroughly cauterised by the nitrate of silver.

SATURDAY, JAN. 8.

Service of Dr. Wood.

Typhus Fever.—There has been a case of death in the Hospital, from typhus fever.

The brain and intestines are shown to you. The substance of the brain is darker than in health, as if from venous congestion. In regard to the intestines, notice, that there is no ulceration of the glands of Peyer.

It is most important to make a proper diagnosis between typhus and typhoid fever. There may be cases where this is impossible, so closely do the two affections approach each other in some cases.

Typhus fever less frequently commences insensibly than the enteric. Instead of diarrhœa we often have constipation, and the fæcal discharges are darker and more offensive. There is in typhus fever more stupor, a darker color of the face, more turbidness of the conjunctiva, and much greater debility. The eruption is the great point to decide. In typhus the eruption appears early in the disease, upon the third or fourth day; in enteric fever in the second week. In the former affection it is darker, of a more livid hue, does not so readily disappear on pressure; does not appear in successive crops, is far more extensive, and occurs upon the extremities, as well as upon the abdomen.

Pay particular attention to the date of the eruption.

Typhoid Fever.—This patient we suppose is laboring under typhoid fever, but there are some anomalous symptoms; the eruption is wanting, and he is more costive than is usually the case, f ℥ss. of castor oil being necessary to move his bowels.

Intermittent Cephalalgia—A Very Interesting Case. —This man had an attack of intermittent fever. This was followed by vomiting occurring at regular intervals, and this was followed by intermittent headache.

Prognosis and treatment are equally certain when we have quinia at hand.

We have at present an interesting case of intermittent disease under our care, in a boy who every night, at the same hour, hears a roaring noise in one ear, and then suddenly thinks there is some one speaking close to him, and immediately trembles violently over half his body. Quinia has broken the spell.

PHILADELPHIA HOSPITAL, (BLOCKLEY.)

Service of Dr. D. Hayes Agnew.

Chancre on the Glans Penis.—This case is a very good example of a specific ulcer. It is the result of contact with syphilitic virus, and is called a primary sore. As such, it is purely local. It is but a few days old, non-indurated, and the indication is to destroy its specificity and convert it into a simple sore. To accomplish this, we have nothing more to do than touch it lightly with caustic potassa, applying immediately after some olive oil to prevent the extension of the caustic. The subsequent dressing may be warm water until the dead part is separated, and then anodyne, the aromatic wine.

Phymosis.—This case is congenital: such a condition may be acquired by gonnorhœal or syphilitic inflammation. There are several modes of operating. The Doctor performed in this case the old operation of circumcision. The prepuce was drawn forward and amputated, the mucous membrane which was much thickened slit up and pared off almost on a line with the corona glandis, and then stitched with several interrupted sutures to the retracted skin. Water dressings to be applied. Dr. Agnew remarked by way of caution that an operation should not be done, if a chancre was present, as the cut surface would become inoculated.

Elephantiasis of the Leg and Foot in a Colored Man.—Systematic writers recognize two varieties of this disease. The elephantiasis of the Greeks, and that of the Arabians. The former affects more especially the face, and is attended with considerable

alteration of color as well as expression. The latter affects the leg or foot, or both. The present case from its great size and deep folds of the skin, looks very much like the leg of the elephant. The disease is generally accompanied by structural alterations of internal viscera, such as fatty degeneration or cirrhosis. The disease commences probably as an inflammation of the lymphatics of the part extending to the subcutaneous textures, plasma is effused, followed by hypertrophy of the fibrous constituent of the limb as well as an extensive new formation of fibrous tissue. The disease is most likely constitutional. For its relief little can be done, antiphlogistics at first would seem to be indicated; subsequently, sorbefacients and compression. Ligature of the femoral artery is recom mended by some, but the evidence of its propriety is not as yet sufficiently authoritative. The operation had been performed in the present case, and with no benefit whatever, indeed it would seem unphilosophical, to attempt to combat a constitutional vice by a procedure purely local, and the influence of which could be felt no longer than until a free collateral circulation is established.

Sycosis of the Face.—This case was one very characteristic. Over the face, especially that portion abounding with hair, are seen numerous small conical pustules with a red base, having a hair in the centre of each. At certain places, the pustules have broken, and dark brown crusts exist in their place. The disease is usually preceded by heat and redness, which may continue for some time before the pustules form. The pathology of this affection consists in an inflammation of the hair follicle, excited by a parasitic growth of cryptogamic vegetation, which is found to surround the ensheathed portion of the hair. These fungi are very simple in their structure, consisting of an aggregation of cells strung to each other, similar to a row of beads. The treatment necessary is first to lay aside the razor, and clip the beard closely, cleansing the parts thoroughly with an alkaline wash. After which we may employ with a prospect of success, an ointment made of tar, sulphur, and red oxide of mercury. The result of this treatment will be exhibited to you at a future clinic.

Wound of Scalp.—A man, somewhat advanced in life, presented an ulcerated opening in the scalp. It was filled up with a large mass of dead cellular tissue for some distance around; the scalp appeared to have fallen in; the edges were pale red and puffy; the patient complained of pain in his head; inability to sleep; diminution of appetite, and had quite a feeble pulse. The original injury, due to a fall, was only a slight cut, not extending through the thickness of the scalp. No class of cases require more attention, or should be more carefully watched by the surgeon than such as involve the cranial region. The structures are very dense, abundantly supplied with blood vessels and nerves, which, taken in connection with their proximity to the brain, make the simplest accident not unattended with grave considerations. Where the parts are so extensively undermined, as in this case, we may expect separation of the periosteum, which proved on examination to be the case. The treatment indicated is two-fold—local and constitutional. The former to consist in giving free exit to the pus, and favor by warm water dressing the separation of the slough; the latter, the best diet of the house, also sulphate of quinia, grs. ij. every three hours, with muriated tincture of iron, ten drops three times daily. Stimulants in moderation, and full doses of morphia to procure rest. Dr. Agnew remarked in connection with this case, that a very limited separation of the periosteum did not necessarily involve the death of a corresponding portion of the table beneath. That sometimes the dura matter which constitutes the periosteal layer within, became detached by pus formed beneath: opposite the disease on the outside, and that as a consequence symptoms of compression set it; also, as to the impropriety, generally speaking, of introducing sutures in the scalp.

Fracture of Acromial End of Clavicle.—A middle aged man had received an injury by a fall upon his shoulder. There could certainly be no fracture in the shaft of the bone, otherwise the shoulder should be downward, inward and forward. There is some flatness of the deltoid muscle, and a small space admitting the finger partially under the acromion, which, taken with the little power over the movements of the arm, would suggest displacement of the humerus. The flatness, however, can be explained from contusion, partially paralyzing the muscle, and the small space under the acromial process produced by the same cause, acting on the supra-spinatus muscle, which keeps the head of the humerus up in contact with the glenoid cavity of the scapula. By acting on the acromial end of the clavicle there is distinct crepitation. The reason why the shoulder has not sunk down is in consequence of the support furnished by the trapezius muscle. So near is this to the scapula that we may not certainly expect osseous union. The reparative efforts not advancing beyond the development of a bond of fibrous tissue. The indications can all be fulfilled by the third roller of Desault for fractured clavicle, which was accordingly applied.

HOSPITAL OF THE JEFFERSON MEDICAL COLLEGE.

WEDNESDAY, JAN. 5.

Service of Dr. Dunglison.

Dr. Dunglison, at the commencement of his term of service as clinical lecturer, made some general observations upon the excellent opportunities afforded for the diagnosis of chronic diseases, such as present themselves at the office of the practitioner, and which are generally more difficult of appreciation than the acute. He entered into an exposition of the mode of prescribing, and gave examples of the manner in which prescriptions should be correctly written. Simplicity in prescribing was recommended—the complexity of a prescription generally indicating confusion in the mind of the practitioner. No article should enter into a prescription without a sufficient reason. A prescription for cathartic pills, consisting of aloes as the *basis*, mild chloride of mercury as an adjuvant, oil of peppermint as a corrigent, and any confection as a constituent, was given on the blackboard.

Diabetes.—The case of diabetes reported in the previous number was again presented, but any extended remarks upon it are reserved until the patient brings with him a vial of his urine, to be tested.

Chronic Pleurisy.—Jeremiah H., aged 29, was before the class at a previous clinic, suffering from an affection of the chest. The number of respirations is thirty-six, about twice as many as in health, and the pulse is a hundred, showing the existence of central irritation. The modes of diagnosis employed in diseases of the thoracic viscera were then explained. It is important, first, to see whether the two sides of the chest rise equally. The patient breathes costally, and no information can be derived from this source. The vocal fremitus, communicated to the ends of the fingers applied over the upper part of the lung, is much more distinctly felt upon the right side. It is more clearly distinguishable through consolidated lung, and, in health, the fremitus upon the right side is more distinct than upon the left, so that it is not a reliable sign of disease. Dullness exists upon the right side. More or less of pleuritis has existed on that side, and the chest is flattened. Usually an effusion into the cavity of the pleura is the cause of this flattening, the lung becoming atrophied from pressure, and the fluid finally absorbed. The pleurisy may be of a chronic nature, and complicated with tuberculosis. Oleaginous nutritive substances are indicated in these cases, as oleum morrhuæ, etc.; but oleum cetaceum, or ordinary sperm oil purified by animal charcoal, is less expensive, and equally valuable as a dietetic agent, and is, therefore used in this clinic.

Dyspepsia.—Mary I., aged 39, complains of pain at the pit of the stomach, especially after eating, accompanied with vomiting, and continuing since last May. The case is one of dyspepsia, accompanied with gastrodynia; but the latter term is only expressive of a symptom, not of a disease. The diet must be carefully regulated, and articles which have been found to disagree, such as pastry, coffee, etc., must be abstained from. She complains, also, of sour stomach, a condition which is frequently benefited by the tonic influence of charcoal, combined with some alkaline earth, as magnesia.

℞ Carbon. lign. gr. xv.
Magnesiæ carbonat. gr. x.
Zingib. pulv. gr. v. M.

Two doses to be taken in the day. Friction over the epigastric region, with a coarse towel, must also be employed. The combination above given is intended to increase the tone of the stomach and neutralise acidity.

SATURDAY, JAN. 8.

Trichosis.—Charles S. offers an illustration of a form of cutaneous disease frequently met with, and known under the name of scalled head, tinea capitis, etc. Chronic cutaneous diseases constitute a class of affections, which are often puzzling to the student, and cannot be studied successfully except under some arrangement which simplifies their various characteristics. The present case was brought before the class at the last lecture, and it was at that time diagnosticated to be an example of disease of the hair follicles, trichosis or trichonosis. Unguentum picis had been applied previous to his seeking advice at the college. The hair was directed to be totally removed, and the stimulant effect of a wash of pearlash, a teaspoonful being added to a quart of water, and applied seven or eight times in the day. An oil-silk cap must be worn, to keep the part soft and prevent irritation of the atmosphere. On returning to-day, an opportunity was afforded of describing the best mode of classifying cutaneous diseases. The division, according to the primary and anatomical characteristics, is to be preferred. The following table has been found of eminent service in teaching simplicity in the division of these subjects:

Classification of Cutaneous Diseases.

1. Exanthematous,	Urticaria.
	Roseola.
	Erythema.
2. Vesicular	Pemphigus.
	Rupia.
	Herpes.
	Scabies. [?]
	Eczema.
3. Pustular	Impetigo.
	Ecthyma.
4. Papular	Lichen.
	Strophulus.
	Prurigo.
5. Squamous	Lepra.
	Psoriasis.
	Pityriasis.
6. Folliculous	Acne.
	Sycosis.
	Ichthyosis.
	Trichosis.
	Favus.

The various subdivisions under each head were then described, and their diagnosis and mode of management detailed cursorily to the class. Local treatment will often effect a cure when uncombined with constitutional medication, but a union of the two is very frequently necessary. Examples of the various forms of affections of the skin will be presented to the class, and reference to the table above given be constantly made.

The eruption in the case of trichosis now again brought forward, is more marked, owing, perhaps, to the use of too strong an alkaline solution, and the affected surface oozes. To examine these diseases more satisfactorily, a glass magnifying two or three diameters, such as was exhibited, will be found useful in ordinary cases. The Stanhope and Coddington lenses, which are said to magnify thirty and twenty diameters respectively, may sometimes be required. These were shown to the class.

The use of the alkaline solution must be discontinued, and castile soap and water be applied two or three times a day. Soft soaps, made of turpentine and oil, would be too irritating, while the action of the hard or soda soap is much more gentle. In some cases, however, the irritation produced by the soft soaps is found of decided benefit. No dis-

ease of the kind exists in the family, although his father thinks the boy caught it from one of his schoolmates, who was affected in this way. There is little doubt that such cases are communicable, as is exhibited by their spread in families. They have been supposed to be produced by a vegetable fungus—the porrigophyte—existing in the hair follicles or at their base, and thus communicated. Inoculation has been practiced, and results led some experimenters to infer that the disease might be propagated in this way, but in other cases it failed. It is extremely difficult to decide whether certain chain-like appearances of cells or beads, in the position already mentioned, belong to the animal or vegetable kingdom, so low in the scale do they appear to be. We cannot say whether they are really a fungus, or what relation they bear to the production or the communicability of the disease. Yet some dermatologists have made a class of cutaneous affections, depending upon the presence of these fungiform productions. The treatment must be directed towards a restoration of the morbid cells of nutrition to a healthy condition by warding off the irritating action of the atmosphere, and smearing the surface. The disease may require treatment for some time, as it has lasted for a year and a half. Whenever we have a chronic affection to relieve, the treatment must necessarily be chronic also.

Delirium Tremens.—Samuel B., colored, aged 24, has been a whisky-drinker for some time, and now, after recent debauches, suffers from hallucination, especially at night, but without much tremor. The pulse is weak, as it generally is in these cases. It is not necessary to treat delirium tremens by large doses of opium, such as has been the practice, especially in former times. Dr. Worthington Hooker, in a recent work, referred to Dr. D.'s experience in cases of delirium tremens under his management at the Philadelphia Almshouse, in which neither opium nor alcohol was given in large quantities, but by an appropriate eclectic treatment, general attention to diet, etc., the patients recovered. It is a disease which very rarely terminates fatally, if placed under a proper regimen. A great objection to the alcoholic treatment is, that the subject of the disease may think alcohol his only safety, and may come out of a hospital a more confirmed drunkard than when he entered it. There are but few cases which, if alcohol be totally excluded, will terminate fatally. But one case died of those recorded in the Almshouse as having been placed under a treatment which banished alcoholic liquors entirely, and he had been ill for some time before admission.

A blister must be applied at the nape of the neck, and he must take internally the spiritus ammoniæ fœtidus of the old Pharmacopœias, composed of spirits of ammonia with assafœtida. As, according to his mother, who was with him, he cannot be controlled and properly managed at home, it is directed that he be sent to the Almshouse.

Amenorrhœa.—Catharine B. has suffered for four years from amenorrhœa. She is a married woman, but has had no children. Her stomach is greatly disordered, and she complains of constant headache. Sometimes, in chlorotic amenorrhœa especially, a depraved taste exists, as for slate pencils, chalk, &c. Cases of disordered menstrual function are very frequently the result of disordered action elsewhere. She has lost flesh greatly, and has the appearance of one in very bad health. An interesting question arises—Is there any such article as a direct emmenagogue? There is not a single one in the whole list of the materia medica. Where amenorrhœa exists, it is the consequence of a morbid condition of the system generally, which must be attended to before we can hope to restore the healthy menstrual function. Cathartics act as emmenagogues, aloes for example, but no direct action is exerted upon the uterus. The irritation at the lower part of the intestinal canal is transmitted, by contiguous sympathy, to the uterus. Where the general tone of the system is impaired, tonics, as chalybeates, are indicated. The subcarbonate of iron is as good as any other ferruginous preparation, and has the advantage of cheapness.

℞. Ferri subcarbon. ℥j.

as much as will lie on a dime, to be taken three times daily. Boiled milk and crackers, or stale bread, must be taken for breakfast and tea, and animal food for dinner. The succulent vegetable must be avoided. A mustard plaster must be applied over the stomach, or a coarse towel be used every morning to produce a rubefacient effect.

Service of Dr Gross.

WEDNESDAY, JAN. 5.

Four Cases of Paralysis—Three Varieties of the Disease.—1. The case of hemiplegia reported in a previous number of the REPORTER, (page 196,) was again brought before the class It will be remembered that the actual cautery was applied over the dorsal and lumbar region. The surface of the ulcer is covered with granulations, and the discharge is abundant. The surface of the left arm and hand is cold, exhibiting a very languid state of the circulation. He does not feel much improved, although his condition is better than before the treatment was commenced. The following treatment must now be commenced:

℞. Ferri sulphatis,
Extract. cinchonæ āā gr. ij.
" nucis vomicæ,
Capsici pulv. āā gr. ss.
Cantharid. gr. 1-30th.
To be taken three times a day.

The warm douche, followed by dry friction, must next be employed, and, if necessary, a stimulating ointment be added to the issue.

2. Two interesting cases of paralysis in children, one of whom is four years of age, the other, two, were also exhibited. Both had a paralytic seizure nine months after birth—a singular coincidence. In the youngest, the foot is inverted, affording an illustration of talipes varus. No difference exists in the appearance of the two nates, but the muscles of the left leg are attenuated, and the extremities cold. In the other child, the foot is turned out from shortening of the peroneus muscle, constituting the affection known as talipes valgus. Both cases are examples of the paralysis of childhood, the history of which may be briefly stated. The child, while teething, is suddenly seized with fever, and wakes

up screaming and restless. The next morning, paralysis of one or both of the lower extremities is found to exist. Generally but one extremity is involved, the exciting cause being totally obscure, and the only prominent antecedent symptom being fever following pressure of a tooth upon the gum. It is extremely difficult to know the exact lesion which exists under such circumstances. It is probable, however, that the paralysis is dependent upon inflammation and effusion of the spinal cord or its meninges, followed by softening of the cord. But this lesion has not been satisfactorily exhibited by dissections, and therefore remains more a matter of conjecture than of established fact. The paralytic seizures of this age are exceedingly intractable, so that the child is rarely or never relieved. The prognosis being, therefore, so very unfavorable, should always be guarded, and no promises of restoration must be held out. These cases also illustrate what is generally known as wasting palsy. The actual cautery might have a beneficial effect, but we are disposed here to rely upon dry friction and the application of Granville's ammoniated lotion, diluted so as to be adapted to the sensibility of the surface. The children are otherwise healthy, showing the effect is merely local. Small doses of corrosive sublimate, gr. 1-40th, or hydrargyrum cum cretâ, or the mild chloride of mercury, gr. 1-12th, or blue mass, might be given tentatively to exert an absorbent influence, in case effusion might exist. The cold and warm douche rarely do much good in these cases.

3. A young man, about 25 years of age, a well-marked example of paralysis consequent upon a traumatic cause, the bough of a tree having struck him over the head and shoulder, producing paralysis instantaneously, and total unconsciousness for the time. The left arm lies withered by his side, atrophied from the shoulder down to the hand, and presenting a livid appearance and great coldness of the surface. The right arm is well developed, and perfectly healthy in every respect. The infra-spinatus and supra-spinatus muscles upon the left side are remarkably atrophied, and the pectoral muscle has nearly disappeared. He has not the power to bend the fingers of the left hand; if not moved, they will become permanently contracted, so as to resemble claws. When pressure is made along the spinous processes, no tenderness is found to exist, and the left arm, when pinched, exhibits no sensibility or mobility. His general health is good, so that in this case, also, the affection seems to be purely local. Upon what, then, does this condition of the limb depend? A very probable supposition is, that it has been caused by concussion of the nerves supplying the upper extremity. Inflammation may also exist, but this is merely a conjecture.

The interesting point is the treatment. If the loss of power depends upon local causes, it would scarcely be expedient to apply counter-irritation over the spinal column. If such mode of relief should be adopted, the powerful effect of the actual cautery is the only agent that could be employed, the revellent effect of blisters, etc., being of little or no importance. The electrical current has already been used, but with no advantage. It sometimes has a beneficial influence in cases of wasting palsy, such as the one now presented to the class, but it scarcely deserves the high encomiums it has received as a substitute for the nervous influence. Our remedies must be applied to the superior extremity. The hot douche, followed by friction with a dry towel, and the employment of the ammoniated liniment, and the gradual exercise of the limb, are the means recommended in this case. The cold douche has been found of more value in the spontaneous form of paralysis than in that now treated of. The whole arm is so much atrophied, that it will be almost impossible to expect much success from our measures. The limb must be supported, as it is in the patient's way, and its weight causes much inconvenience and pain. It may become a question hereafter, whether amputation may not be necessary as a means of permanent relief.

[*We are compelled to defer the remainder of this report till our next issue.*—EDS.]

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

WEDNESDAY EVENING, DEC. 8, 1858.

Dr Bell, presiding.

(*Continued from page* 230.)

The subject for discussion being NEURALGIA—

Dr. W. L. Atlee knew more of the treatment than of the pathology, and would therefore, not venture upon the latter point. The gentlemen who had previously spoken, had referred to several points, which are of great interest. One was the section of the affected nerve. In his experience, it had been an entire failure. He had encountered one case, several years ago while in Lancaster. The man who was a mason by trade, had been troubled on one side of his face with neuralgia for three years, and although, all that time, he had been under treatment, yet there was nothing in the materia medica, with the exception of the precipitated carbonate of iron, in teaspoonful doses every two hours, that had been of the slightest service to him. This relieved him for about six weeks, after which the infra-orbital and supra-orbital nerves were severed, and that failing, another branch was divided in Philadelphia, by Dr. G. McClellan, who trephined the lower maxillary bone and cut off the nerve, without effect. He went home, and died from a cerebral disease, thus indicating that the source was deeper seated. Dr. A. himself, had severed the nerve several times, but without benefit. Dr. Bell had referred to uterine disease as a cause of neuralgia; this brought to his mind a case in Philadelphia, of a lady, who, after her confinement, was attacked with neuralgia in the face, of a very obstinate form. Her mouth was full of bad teeth, and after failing by the ordinary treatment, he commenced removing her teeth, till all were removed, without relief. With the neuralgia, there was associated a violent cough, and the patient, from being

a stout hearty woman, was emaciated to skin and bone. She had all the apparent symptoms of phthisis, though, on auscultation there was no evidence of any tubercular deposit. For one year, he attended steadily, without benefit, and asked to be discharged, to have some other physician called in his place, but without success. Finally, he demanded, as a last resource, an examination, in order to ascertain if there might not be some uterine trouble. This was reluctantly granted, she was suckling her infant, and presented not one symptom of uterine disease, no pains in the loins, no bearing down, no strangury, no difficulty in defecation, had no leucorrhœa, and was menstruating regularly; yet, on a speculum examination, he found as much disease at the os tincæ, as he had ever seen, either before or since. It was granular ulceration, or as he preferred to call it, granular inflammation. He stopped all medicine, and submitted the os uteri to the ordinary treatment; and from that moment, the neuralgia became less, the cough diminished, her emaciation disappeared, and in five months, she had entirely recovered from everything, and was as fat and hearty as ever.

There were some other points which had been omitted in the preceding remarks. He did not think chronic rheumatism, tetanus, etc., should be viewed as neuralgia. Neuralgia, he considered as free from inflammatory action in the nerve. The neurilemma may be inflamed and cause pain, but this would not be neuralgia. There are neuralgias, which are associated with small tubercles existing in the body, which have been described by Dupuytren. These vary from the size of a shot to that of a small almond, and appear to be fibro-cartilaginous. Such cases may be treated in every way without curing, but if we trace along the surface, we will sometimes find a moveable knot under the skin, which being cut out, the neuralgia disappears. These tubercles are contained within cysts, which, being opened, the tumor comes out, and the cyst is allowed to remain. When thrown on the floor, they bounce like India rubber. Whether these have a nervous fibril connected with them, he could not say. Concerning the medicinal treatment, he might say, he had more confidence in some articles than other gentlemen had. He thought quinia one of the best remedies, and this not merely in the intermittent variety, but in all forms, where he could not get at the exact cause. In the use of this article, he preferred to employ it during the paroxysm, and in large doses.

℞. Quiniæ, gr. ij–iv.
Capsici, gr. j–ij. M.

And make into a pill.

Give one every hour during the existence of the pain, and push it till it produces its characteristic impression upon the head. This almost invariably arrests the neuralgia, and cures for the time, as it would intermittent fever; it may recur, however, as we find that to do. His plan was to give quinia till the pain was arrested, or a peculiar sensation was strongly induced in the head, like the roar of a cataract, and then suspend the remedy, till this phenomenon has passed off, and if the pain does not pass off with it, commence again, till the pain is subdued. It will fail at times, as all remedies do.

He had been reminded of another remedy by the allusion made here to-night to the endermic application of medicine; that is, the inoculation, of medicine, which he had practiced for several years with good results. When quinia fails, he then inoculates the painful parts, passing into the cutis vera like vaccine virus, by means of an incision over the affected part, the following solution:

℞. Morphiæ sulph., ℈j.
Creasot., fʒj. M.

From this method, he had obtained very beneficial results. He did not do it only in one spot, but in several, along the course of the affected nerve. We may use either of the preparations of morphia, but he preferred the acetate. He was also much pleased with another remedy or combination of remedies, which he had recently introduced to the profession, that is, the ethereal tinctures of guaiacum, colchicum, and cannabis indica, associated together. Sometimes their effects seem almost magical. The ethereal preparations had been brought before the profession by a gentleman from the south, whose name he could not recall. The tinctures of guaiacum and colchicum were made according to the U. S. Pharmacopœia, substituting nitrous ether for alcohol; and the cannabis indica was made from Squire's extract, in the proportion of one drachm of the extract, to two ounces of nitrous ether. Of these, Dr. Atlee employed:

℞. Tr. Guaiaci, fʒj.
" Cannabis Indicæ, fʒij.
" Colchici, fʒvj. M.

Take 25 to 30 drops every 4, 5, or 6 hours.

In cases of neuralgia of the face and head, he ordered the dose taken on loaf sugar for two purposes; first, it would not mix with water, and secondly, it impressed the palate better, and thus acted on the second branch of the trigemini, and by reflex action, on the whole of the facial nerves. In conclusion, in reply to the remark made by the President I may say that neuralgia in females is a very common disease, as it is so often associated with uterine affections, and speedily gives way, when that is cured.

Dr. Coates asked if there was noticed any special pain, when cutting out the tubercles, to which

Dr. Atlee replied that he had not noticed any.

Dr. Coates remarked if it was one of the sensitive corpuscles which form the termination of the nerves, it well might be the cause of trouble. He would also ask, what effect was produced by the incision for this inoculation.

Dr. Atlee had never seen the point form a pustule; the irritation subsided in a few hours, and it would heal without trouble.

Dr. Condie remarked that he did not say that tetanus was neuralgia, but that it might be called so, if nerve suffering was considered to be sufficient to constitute a disease. Most pathologists are against Dr. Atlee, as they tell us, there is no inflammation of the neurilemma to be detected in cases of sciatica and lumbago. He rose however, not to contend with Dr. A., but to mention a remedy which had just been recalled to his memory. This was acupuncturation. Soon after our attention was called to it by the European journals, Drs.

Huston, Brinckle, and himself had performed a large number of experiments with it, in cases of chronic rheumatism. It was observed that, on the introduction of the needle, all pain very speedily eased, in a large majority of the cases, and never returned, in such of the patients that they had kept nnder observation for some years. Dr. C. had since used, acupuncturation with entire success in many cases, and never, without very decided benefit.

With regard to what has been denominated intermittent neuralgia, not only is the intermission complete, but in a large number of instances, returns of the paroxysms occur at the same hour, after almost equal intervals. Especially had he noticed this in the case of young children, affected with colic, not traceable to any known cause. He had a case of this kind, at present under treatment, in which, at 4 o'clock each day, there is a violent attack, which is speedily removed by a narcotic. The children however, do not seem to suffer in their general health, but flourish remarkably under it.

Dr. Coates said that it seemed to him that according to the common ideas, there was a highly inflammatory action produced by a blister, and yet we have absorption. The surface was hot, red, swelled, and painful, thus presenting all the phenomena of inflammation. Then, in instances of the poisoned bites of rattlesnakes, copper-heads, etc., there seemed to be an inflammatory action immediately produced. Taking Dr. Condie's views on this subject, he would have much difficulty to understand the effect tying a cord around a limb which had been bitten, and when we notice the swelling to cease above the ligature. This appeared to act by impeding the transmission of an irritating pain to the remainder of the body; and rendering it slow enough to be remedied by the action of the emunctories. This appeared to him a fatal objection. It had also been found, in experiments on cuticular absorption, that corrosive substances were introduced more readily than any others. Experimentalists instanced corrosive sublimate and arsenic; which corrode the superficial cells, and are then absorbed. He thought creasote would be apt to cauterize, and thus produce a pustule, but he would not say even then, that absorption would not ensue.

Dr. Nebinger had seen much of this disease, and had never met with any insurmountable difficulty in its treatment. He could not say that he looked upon it as a formidable malady; it was troublesome, yet manageable. He thought he had encountered two forms of nervous diseases, both of which are sometimes called neuralgia; he thought so from the fact that others had differed from him in their diagnosis of these cases. As for example, he had a case which a consulting physician pronounced neuralgia, but which he, Dr. N., thought was an inflammatory affection of the nerve, and therefore he could not regard it as neuralgia. Neuralgia he considered was a painful affection of the nerves, without irritation or inflammation. It does not appear difficult to determine whether the nervous affection we were called upon to treat, is inflammatory or not, provided in the examinations which we institute to arrive at a correct diagnosis, we regard the presence of heat, swelling and fever, as the essential and necessary phenomena indicative of inflammatory action. He never encountered a case of neuralgia, however severe, in which he found fever. He did not know the peculiar nature of the condition of the nerves which constitute neuralgia, nor whether the disease is seated in the nerve substance or in the neurilemma, or in both—nor did he think it very important to know, provided we were able without that knowledge to control and successfully treat the disease, and this he felt assured we were able to do. At the present time, he had under his care a lady recovering from an attack of neuralgia of the bowels for the second time. About eighteen months ago, she had the first attack. She was with a violent pain in the bowels, with sickness of the stomach; on examination, he found tenderness on slight pressure, but when the pressure was made more powerfully, the pain was not aggravated; it was only slight pressure upon the abdomen which produced intense pain. Her pulse was free from excitement, her skin moist, tongue moist and only lightly coated. He would have taken her for a well woman, if he had been guided alone by the condition of her pulse, skin and tongue. He diagnosed neuralgia of the bowels, and so treated it. As the case progressed, she had great distention of the abdomon by flatus; also constipation. All symptoms indicative of inflammation being absent, he was positive of the absence of enteritis. He gave her his usual treatment for neuralgia, which was sustaining in its main characters, and medicated her with his favorite combination of medicines, which in neuralgia he has used with the most gratifying results. As it has been suggested by Dr. Atlee that it is well to not only state the medicines used, but also the quantities administered, and as he thought that suggestion very proper, in keeping with it, he said that the medicine which he had found most satisfactory in the management of neuralgia is a combination of

℞. Quiniæ sulph. gr. j.
Ext. hyoscyami, gr. ij.
Ext. belladonnæ gr. ¼.
Morphiæ sulph. gr. 1-12th to ⅛th.

Made into a pill, and one given every two or three hours, according as the case may be severe or otherwise, and their administration continued until the peculiar effects of the hyoscyamus and belladonna were made manifest. Sometimes these pills produce symptoms which are alarming to the patient and their friends. A copious rash, scarlet in color is thrown out, a great sense of heat in the face is produced, the pupils become much dilated, a slight delirium springs up, and dryness of the throat and mouth is complained of. Dr. Nebinger had never seen these phenomena produced without a very decided improvement in the patient's condition, as far as the neuralgia was concerned. In the instance of enteralgia mentioned, as soon as these effects began to develope themselves, the neuralgia began to pass away as also did the tympanites and the torpidity of the bowels, and my patient was soon after convalescent. Reference has been made to sciatica. He had recently two cases of sciatica, and both were differently treated, because he regarded them as essentially different in their nature. One of the cases occurred in a gentleman who is rather a free-liver. His attack he regarded

as sciatic rheumatism, somewhat inflammatory in its character. This conclusion he arrived at because his patient's pulse was quick and full, his skin somewhat dry and hot. He was purged, cupped, and put under the influence of iodide of potassium and colchicum. Under this treatment and an antiphlogistic diet, he soon recovered. The other case of sciatica occurred in a lady, who was anæmic and very thin. In this case there was violent pain, unaccompanied with any arterial excitement. Her pulse, indeed, was small and quick—the pulse of debility; her skin was moist and cool. This he regarded as a case of sciatic neuralgia, and treated it accordingly, with the satisfaction of seeing the disease speedily and kindly give way under the influence of the combination of quiniæ sulphatis, hyoscyamus, belladonna and morphiæ sulph., already spoken of.

It seemed to him, Dr. N. said, that two things were to be done in the treatment of neuralgic patients—one to cure the paroxysm, the other to remove what might be called the neuralgic predisposition. Therefore we shall feel that when we have eased an attack of this disease, that we were only half done, and should immediately set about removing that peculiar condition of bad health, whatever it may be, which makes the patient liable to be seized with this painful affection.

In regard to inflammation of the spinal marrow, it is one of the most painful of diseases. And there need be but slight difficulty in forming a diagnosis between it and neuralgia of that part; because in the former we have an immense deal of fever and the suffering is far above any neuralgia. They are extremely dissimilar. He would solicit the use of the combination to which he had referred, as he was satisfied the experience of the members would then coincide with his, and they would give relief to their patients in a much shorter period than may be thought possible to be accomplished by any remedy, in cases of such intensity of pain. He mentioned the case of a lady who he had seen yesterday, who had been afflicted with tic doloureux for 16 months. It commenced during her lying-in. She had been under constant treatment for the whole of that time. She would improve occasionally, but was never perfectly free from neuralgia. Finally she came under his care. He gave her the combination of medicines referred to, and she is now perfectly free from pain, and has been, ever since she became fairly under the influence of the medicines. He had employed the endermic method, and found considerable good effect. There were cases where it was not suitable or desirable to employ his treatment internally, and then he was compelled to use external medication. Of all the external applications he had employed, he never found any equal to the following:

℞. Veratriæ, gr. x.–xx.
Cerat. simpl., ʒij. M.

The parts were rubbed with this frequently. It soon produced relief, giving rise to a prickling or tingling sensation in the parts to which it is applied.

Dr. Coates could not agree with Dr. Nebinger in distinguishing inflammation of the spinal marrow from neuralgia. In cases of the former he was disposed to anticipate palsy. Perhaps the bad effects in such cases had arisen from not using the narcotic to a sufficient extent.

Dr. Gobrecht desired to know how far it was safe to go with these remedies mentioned, in a woman suckling, lest her child should be affected by them.

Dr. Condie replied to Dr. Gobrecht, that in giving heavy doses in pregnancy there was no fear of danger to the child. When women were suckling, he had sometimes given large doses of opium to them, but never with the least effect upon the child. He would be afraid to give the third of a grain of belladonna every two hours; its effects are so apt to arise unexpectedly, and cases of poisoning with it and hyoscyamus are so recently on record, as to cause fear. These may be the effects of idiosyncracies.

Dr. Nebinger was fully aware that the doses he administers are large, and he thought his success was owing to the amount given. Perhaps the reason why others do not succeed so well, is, they do not get their patients under the influence of the remedy, being fearful of these medicines in large doses. Hence, the defect was not in the remedy, but the quantity given. To Dr. Gobrecht, he would say, that the case of the lady with neuralgia of the bowels was now in her nineteenth day after her confinement; her child had never been from the breast, and had shown no inconvenience of any kind from the medicines given to the mother.

Dr. Coates said belladonna had been given, one-fourth of a grain every four hours, in the experiments of the French. He would ask Dr. Condie if ergot would not kill the child, without injuring the mother.

Dr. Condie replied, that this resulted from the destruction of the placental attachment, and thus the child was cut off from its only mode of living.

Dr. Mayburry remarked concerning the veratria, he had a great deal of experience with it as a local application. In spinal irritation, with neuralgic pains, he had found great relief from the following ointment:—

℞ Veratriæ, gr. xx.
Adipis,
Cerat. simp. āā, ʒss.

Applied by friction, from ten to fifteen minutes night and morning over the skin. In facial neuralgia especially, where the supra-orbital nerve, is involved, he has found this ointment highly useful. He also used a combination of quinia, belladonna and morphia, and sometimes camphor; at other times without the quinia. His proportions were:—

℞ Ext. belladonnæ, gr. ¼.
Morphiæ sulph., gr. ⅙—⅛.
Camphoræ,
Quiniæ sulph., āā gr. ss—j.

M. For a dose every 2—3—4 hours.

He has used, like Dr. Condie, the precipitated carbonate of iron, in large doses, more particularly in hemicrania, and in cases of an anæmic character.

Dr. Coates had unequivocally found, in many trials, that the modern brownish-red oxide of iron [sesquioxide] was of far less efficacy than the rubigo ferri, obtained by rusting iron. The latter is undoubtedly of uncertain and variable composition, but it contains a considerable portion

of the black oxide, and of the carbonate, both much more soluble in the fluids of the body, and, by consequence, so much more active as medicines. The brownish-red oxide appeared to him to be deprived, by the very fact of its more accurate chemical preparation, of nearly all its useful properties. Of the black oxide, or of the carbonate prepared with sugar and honey, he had found four to six, and sometimes two, grains an amply competent dose, and free, to all appearance, from any thing like danger

[Dr. Coates begs to add in the present letter-press, that he has made large use, and with considerable success as a palliative, of acupuncturation in neuralgia. He also begs to object to the somewhat quackish use of the term "Vallet's pills," for the pills of the carbonate of iron, Ph. U. S., or as the name of a substitute for the pulv. ferri carbonatis cum saccharo of the Pharm. Lond., Edinb., Dublin, (Pareira,) and others.

Rebiebs and Book Notices.

A Practical Treatise on the Diseases of Children. By D. Francis Condie, M.D., Fellow of the College of Physicians; Member of the American Medical Association; Member of the American Philosophical Society, etc. Fifth edition. Revised and enlarged. Philadelphia: Blanchard & Lea. 1858.

Amidst the multitude of works that have lately issued from the medical press, we have noticed with much pleasure, and a cordial welcome, this new edition of an old favorite. In every way has it been much improved, while its size is fully one third larger than the former edition. The name of the author is sufficient guarantee to the medical world that its contents are of importance; but when we can add, as in this instance, a long array of authorities, to which he has referred in the preparation of the work, we fully anticipate a treatise of an eminently practical character. Nor are we, on examining the pages of this volume, at all liable to be disappointed. In every portion of it is evinced the utmost care and research, in order to make it one upon which the profession can rely for reference in the most diversified practice.

Particularly are we pleased with those chapters which treat of "the hygienic management of children; the pathology of infancy and childhood, and the semeiology of the diseases," etc.

In the treatment of the various diseases of children, Dr. C. has carefully noted every thing of importance that has appeared from time to time in the medical journals, both at home and abroad, and has given to each that prominence to which they were entitled, either by the authority from which they originated, or the soundness of the views inculcated.

One feature, to which we would call attention, is the idea of giving the doses and formulæ used by the author. It is often the case, that an article is lauded by a writer, as of value in certain morbific states, yet, the dose not being given, others employ it without success, and this merely from the fact of their not having given the remedy in the same dose, thus but partially following the recommendation of the writer.

We can confidently commend this volume to our brethren in the profession, as one from the pages of which they may derive much of value in their practice among those of tender years.

A Treatise on the Venereal Disease. By John Hunter, F. R. S. With copious additions by Dr. Phillip Ricord, Surgeon of the Hôpital du Midi, Paris, etc. Translated and edited by Freeman J. Bumstead, M. D., Lecturer on Venereal at the College of Physicians and Surgeons, N. Y., etc. Second edition revised, containing a Résumé of Ricord's recent Lectures on Chancre. Pp. 552. Philadelphia: Blanchard & Lea, 1859.

We have not space for an extended notice of the above work, which has long been familiar to most of our readers. Dr. Hunter's researches on the venereal disease were so thorough and complete, that M. Ricord, the most eminent modern writer upon and observer of this disease, has deemed it best to perpetuate them by appending to them his own observations instead of giving them in a separate work. Besides Ricord's notes, we have also appended to this edition those of Sir Everard Home and Mr. G. G. Babbington, two English editors of Hunter's work, to all which Dr. Bumstead, of New York, adds his own observations, together with a résumé of some recent lectures of Ricord on Chancre. These additions do not, however, complicate the text, as the remarks of the several editors are properly indicated.

The text is illustrated by eight well excuted lithographic plates containing many figures. To those desirous of possessing a complete work on this important subject, we unhesitatingly recommend Bumstead's edition of Ricord and Hunter.

Visiting Lists—A friend who does not reside in this city, took Dr. Elmer's "Physician's Hand Book of Practice," and Price's "Physician's Visiting List," promising to send us a critical notice of them, but has neglected to do so. We regret this very much, as a notice of these publications *ought* to have appeared some time ago.

Dr. Elmer's work was introduced to the profession last year, and was well received. The name strikes us as inopportune, as it conveys a wrong

idea as to its size. It is a pocket visiting list and manual of practice. We regard the latter portion as superfluous. The pages for memoranda are very well arranged.

The other visiting list named, is published by C. J. Price & Co., of this city, and is a very convenient manual for the purpose, simple yet sufficiently elaborate in its arrangement. Every alternate page is left blank for memoranda of cases—a good arrangement.

Editorial.

"MEDICINÆ DOCTOR."

This is a time-honored title, and has in its day been a very respectable one. And it still has strong claims to respectability, though we confess to a belief that, in our country at least, it is fast losing those claims, a result that the medical profession is, however, least responsible for. In our democratic country the legislatures of the various states, ever ready to grant "privileges" to "institutions of learning," are annually amusing themselves by granting the right to this, that and the other "pathy" to confer on men and women who ogle medical science through the medium of green glasses, the once honored title which stands at the head of this article. In our view, the time has come for a separation between the sheep and the goats. The time has come when the profession should take the matter of granting the final diploma to one who desires its honors into its own hands. We need something beyond the "M. D," which has so long represented the distinguishing cognomen of the disciple of Æsculapius. This title has come to be common-place, and in some sense undesirable, because the same legal power that confers it on us, gives it to others whose prejudiced training disqualifies them from honoring it. The plain "Mr. ———, M. R. C. S.," of our transatlantic cousins, might find its prototype among us in "Mr. ———, M. A. M. A."

There is but one representative body in this country that can control admission to the honors of the doctorate, and that is, the American Medical Association. We believe that by judicious action, that body has it in its power to draw a dividing line between legitimate medicine and the various forms of quackery, that would tell at once in favor of the former.

With this end in view, we last January had the honor of presenting before the Medical Society of New Jersey the following resolutions, which were intended to be suggestive of some such plan as they propose. They were presented to the association at its annual meeting in Washington, last May, and will come up for discussion at the coming meeting in Louisville, next May. We again spread them before our readers, and trust that they will give them their serious attention, and that those of them who may go to Louisville as delegates, may be prepared to act favorably on them.

Resolved, That the Medical Society of New Jersey would respectfully recommend to the American Medical Association the adoption of some plan by which membership in that body can only be attained by conforming to certain rules and regulations laid down in the Constitution of the Association.

To this end, this society would respectfully recommend that the "Plan of Organization" of the Association be amended in some such manner as the following—subject to the deliberations of the Association.

Delegates to the American Medical Association shall be selected from those who shall conform to the requirements of the Association for membership in that body.

The title *Member of the American Medical Association*, (*"M. A. M. A."*) shall be conferred in the manner following, to wit:

The Association shall appoint a Board of Censors for each circuit of the United States Supreme Court, each board to consist of —— physicians and surgeons in good standing in the Association, one of whom shall go out of office at each annual meeting of the Association, his place being filled by election, until the places of all the original members are so supplied, and thus continually. These censors shall reside in different sections of their respective districts, and a minority of the whole number of any Board of Censors may be composed of professors in medical colleges in the district. The members of the Board of Censors to receive —— dollars compensation for every meeting they attend.

It shall be the duty of these boards of censors to meet —— times a year in different sections of their respective districts, for the purpose of examining candidates for the title of Member of the American Medical Association, on whose certificate the President, or other authorized officer or officers of the Association, shall, after the candidate has subscribed to the code of ethics of the Association, and paid —— dollars into its treasury, issue a diploma, setting forth the fact of membership.

The certificate of the medical and surgical examining boards of the U. S. Army or Navy shall entitle the holder to membership in the Association, on his subscribing to the code of ethics and paying the usual fee. Members may also be received within certain specified limits, on certificate from foreign medical and surgical societies, or examining boards.

The Association may confer honorary membership at any regular meeting, by a two-thirds vote.

Resolved, That in the opinion of the Medical Society of New Jersey, the cause of medical science in the United States would be advanced by the State societies resolving themselves into *auxiliaries* to the National Association, the district, county, and other societies being auxiliary to the State societies, and all controlled by the regulations of the National Association.

Resolved, That the delegates from this society be instructed to present the above preamble and resolutions at the next meeting of the Association at Washington City in May next.

MEDICAL SOCIETY OF NEW JERSEY.

The Ninety-third Annual Meeting of the Medical Society of New Jersey will be held on the fourth Tuesday of January, (25th,) at Trenton, *at 7 o'clock, P. M.*

☞Delegates will be careful to be provided with their credentials

W PIERSON, Rec. Sec'y.

Medical News.

MARRIAGES.

TUTT—LEAMING.—On Tuesday evening, January 4th, by the Rev. Wm. B. Stevens, D.D., Dr. Charles Pendleton Tutt, to Rebecca, daughter of J. Fisher Leaming, Esq.

OBITUARY.

DEATH OF DR. BRIGHT.—Dr. Richard Bright, of London, the writer and learned physician, died on the 16th of December, in the seventieth year of his age. Dr. Bright was born in Bristol, in the year 1789, and continued in practice until a few days before his death. His name is familiar to every one, from its having been given to a form of renal disease. His principal works and writings are, "Elements of the Practice of Medicine," "Reports of Medical Cases, selected with a view of illustrating the symptoms and cure of diseases by a reference to morbid anatomy," "Diseases of the Brain and Nervous System," and "Cases and Observations Illustrative of Renal Disease accompanied with Albuminous Urine." He was physician extraordinary to the Queen, and a Fellow of the Royal Society.

THE PATENT HAND AND ARM are now made so as to imitate nature very perfectly in appearance and motion.

THE PATENT LEG has been in use 12 years, and the inventor has received (over all competition,) fifty most honorary awards from distinguished scientific societies in the principal cities of the world; among which awards are the great MEDALS of the WORLD'S EXHIBITION in LONDON and NEW YORK. Nearly 3,000 limbs in daily use, and an increasing patronage, indicate the satisfaction PALMER'S PATENTS have given.

PHILADELPHIA, DEC. 14th, 1858.

MY DEAR SIR:—I am really very much gratified to find that your ingenuity and perseverance have at length accomplished what the profession has so long waited for in vain—*a useful Artificial Hand* and *Arm*. The models you showed me the other day appear to accomplish every indication, and are worthy companions to your *unequaled* "Artificial Legs." After many years observation of the working of the latter, I am compelled to repeat, what I have already expressed in writing, that neither in Europe nor America is there an instrument of the kind, in my judgment at least, worthy of comparison with them.

Trusting that you will continue your efforts to relieve your afflicted fellow creatures, I remain, very sincerely yours,

THOMAS D. MUTTER,
Emeritus Prof. of Surg. in the Jefferson Med. Col., Phila.

B. FRANK PALMER, ESQ., &c., &c.

Pamphlets, giving full information, sent gratis to every applicant.

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HOME FOR INVALIDS WITH DISEASES OF THE CHEST.

S. W. CORNER OF CHESTNUT AND PARK STREETS,

(On the route of Chestnut Street line of West Philadelphia Omnibuses and within one square of a Passenger Railway,)

PHILADELPHIA.

This institution has been established with a view to combine all the best hygienic and medicinal means in the treatment of Diseases of the Chest.

Attending Physician,—GEORGE J. ZIEGLER, M.D.

Consulting Physician,—PROF. SAMUEL JACKSON, M.D.

Application for admission may be made to theAttending Physician daily, (Sundays excepted,) from 11 to 12 o'clock. Applications in writing, or letters of inquiry, may be addressed to

JAS. W. WHITE, SEC'Y,

No. 107, t. f. Box 1738, Philadelphia P. O.

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 118. PHILADELPHIA, JANUARY 22, 1859. NEW SERIES, VOL. I. NO. 17.

Original Communications.

Arrest of Child from contractions of Circular Fibres of Uterus.

By William Johnson, M. D,

of White House, N. J.

Abnormal contraction of the circular fibres of the uterus is sometimes productive of much annoyance to the accoucheur. This perverted action is most frequently manifested after the exit of the child, producing hour-glass contraction and imprisoning the placenta in utero. In a few instances this perverted action of the circular fibres is developed whilst the child is in the uterus, and proves an insuperable obstacle to its expulsion. I have seen two or three cases in which the life of the patient was jeopardized by this misbehavior of the uterus. One of these cases, which occurred a few days since, I will now relate.

I was called upon in the evening of Dec. 22 to visit the wife of S. W., in labor at full time with her fifth child. I arrived at the house at 7 o'clock, and found that the membranes had ruptured about two hours previously, and an abundant discharge of water had followed. I further learned that the patient had been in labor all day. Upon examination, per vaginam, I ascertained that the os uteri was dilated to the size of the palm of my hand, but unusually tumid, though soft and yielding; the presentation was that of the head, and one not unfavorable to delivery; the size of the head was not large; the pains were recurring every five minutes. Under these circumstances I felt myself warranted in predicting that this labor would not be tedious, especially as her former labors had not been so. The pains went on increasing in force, and recurring every five or six minutes, until nine or ten o'clock, when they became very expulsive; the woman making violent efforts to deliver herself. This state of things continued until one o'clock in the morning. At this lapse of time there was no sensible advance in the labor. The patient declared that she had never before had her pains to act as they did now. The pains commenced in her back and extended around the body; but instead of terminating on the upper part of the thighs, shot upwards toward the fundus uteri. My patient was now becoming very much fatigued, but had no symptoms indicative of dangerous exhaustion. I began, however, to feel uneasy about her, and set myself to ascertain the cause of the difficulty in the way of her delivery. To be certain that the *os* presented no impediment, I passed my finger under the head of the child into the uterine circle, and found that during the violence of pain it was not impinged upon by the child's head. I then passed my left hand into the uterus as high up as my thumb, but could discover no impediment to the passage of the head. I did the same with my right hand and with the same results. I now informed my patient that some difficulty existed beyond the head of the child, the nature of which I could not determine without passing my whole hand into the uterus to the body of the child. I introduced my hand, and found a *firm band* of muscular fibres tightly embracing the child's neck. I now withdrew my hand a few minutes to determine upon my method of procedure. Three methods of relief suggested themselves to my mind. The first was the application of the forceps; but as the greatest portion of the child's head was above the superior strait of the pelvis, I was

fearful that I might encounter difficulty in their satisfactory adjustment; and even should I succeed, I was apprehensive that I could not draw the child's shoulders through the stricture. Objections on this score would also apply to the crotchet. The waters had been drained off eight hours, and the womb was acting energetically, yet I determined to make an attempt to pass my hand, dilate the stricture, search for the feet, and effect version of the child. My efforts were crowned with complete success, and I delivered my patient in about twenty minutes. She declared that I had given her very little more pain than she had suffered from the throes of labor. The child was asphyxied. Aspersion with whiskey and the ready method of Marshall Hall were unavailing for its resuscitation. The mother's recovery was rapid, and without the supervention of an unpleasant symptom.

I forbear remarks, to let the reader draw his own lessons from the case.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

WEDNESDAY, JAN. 12.

Service of Dr. Wood.

Reported by Theodore A. Demmé, M. D.

Rheumatic Inflammation of the Base of the Brain.—This patient afforded an interesting case for diagnosis. In the first place, we have some affection of the eye; both pupils are enlarged—one much more so than the other. His sight is very much affected. On examining the eye, we find no opacity of the lens. There is no cataract. We conclude that there is no amaurotic condition of the eye present.

But there are other symptoms of disease present. This man can move his limbs; his power of voluntary motion is not affected. The upper extremities, and the muscles of the back, are perfectly under the patient's control. But, though he has the power of moving the lower extremities, he is not able to direct the movements. The muscles contract in obedience to his will, but that contraction he is not able to direct and control. He has the power of moving his limbs, but not the power of regulating those movements.

The sensation of the lower extremity is partially affected; on tickling the soles of the feet we have no reflex action.

For four months his eyes and limbs have been affected in this manner. The attack was ushered in by shooting pains down the limbs, up the back, and a steady pain at the back of the head.

What is the lesion in this case? Where is the place of the disease?

In regard to the eye we have observed that there was an amaurotic condition; the lesion producing the amaurosis may occur in the retina, in the course of the optic nerve, or at the nerve centres of vision. *Both* eyes are affected; there is not, nor has not been, any suffering in the eye; the affection came on in both eyes simultaneously. We infer from these facss that the nerve centres of vision are affected, that there is disease of the tubercula quadrigemina.

But what lesion will produce the other symptoms that are presented by this patient? How can we explain the fact that we have in the lower extremities not lost sensibility, not lost power of motion, but loss of the power of regulating the voluntary movements?

Flourens, who performed many experiments to ascertain the office of the cerebellum, inferred that it is the organ for the co-ordination of the voluntary movements (the engineer to the human locomotive).

Will these experiments enable us to account for the symptoms in the case before us? Can we directly infer that there is here disease of the cerebellum? We cannot; for there may be disease of the nerve fibres only, after they have proceeded from the cerebellum. And as not the whole of the associate movements are affected, but those only of the lower extremities, we conclude that the disease is not in the cerebellum, but in some of the fibres proceeding therefrom.

But we have something more to account for. We must explain the fact that reflex movements do not occur in the lower extremities. We must attribute this to disease of the reflex centres, to disease of the spinal marrow. This was the primary disease, as proved by the shooting pains down the limbs and along the back.

What disease is likely to affect these two portions of the body, the cerebellum, and part of the spinal marrow, simultaneously—is it fatty degeneration or softening? The condition and general appearance of the patient does not indicate this. May there have been an apoplectoid attack? It is not probable that this would have occurred, under the circumstances, just at the base of the brain. The slow accession of the disease is also against this supposition.

I think that there has been inflammation here, but from the length of time that the disease has

lasted, I infer that this is a rheumatic inflammation. Our diagnosis, therefore, is subacute rheumatic affection of the spinal marrow and base of the brain.

Treatment.—Pil. hyd. gr. 2, 4 times a day, blister at back of neck, vin. colchic. gtt. 15, three times a day; bowels to be regularly moved by sulphur.

Amaurosis from the action of Quinia.—A seaman was brought before the class with almost entire loss of vision arising from amaurosis.

I can trace the affection in this case to nothing but very large doses of quinia. Whilst at sea he was seized with a fever, probably remittent fever. The captain chanced to be the "experienced surgeon," and having no leaning toward homœopathy, gave, according to the patient, large powders of quinia. The usual symptoms of quinia intoxication were produced, and when the man recovered from the benumbing effect of the alkaloid, he found his eyesight impaired.

This is not a usual effect of excessive doses of quinia; the hearing is more generally impaired. I know of a case of permanent deafness produced by quinia improperly administered.

Treatment.—We shall attend to the general health, and see that all the secretions are properly performed.

A number of interesting cases were presented, the account of which we are constrained to condense.

Treatment of Acute Rheumatism, complicated by Endocarditis.—Cup—blister—purge. Pulv. ipecac. et opii and mercurial impression. Under this plan most cases recover in from two to three weeks.

Action of Digitalis.—A patient with heart disease was placed under digitalis. Fifteen drops of the tincture three times a day.

In twenty-four hours the pulse was reduced from ninety to fifty-two. The tincture was omitted yesterday, but the action of the arterial sedative continues; the pulse to-day is sixty beats a minute.

Aneurism of Aorta.—The diagnosis arrived at in a manner similar to the case before reported.

Treatment.—This patient is anæmic; we shall give him iron. The only hope for a cure in these cases is that the aneurism shall be filled up with a clot. Iron, by improving the blood, increases its coagulability.

Service of Dr. Peace.

Epithelial Cancer of the Lower Lip.—This kind of cancer is less apt to return than any other, and hence, in removing the local disease, we may often hope for a complete cure. An old man afflicted with this epithelial cancer of the lip has entered the hospital for operation. The diseased portion of the lip was then removed with a V shaped incision, and hare-lip pins, with suture, were used to bring the cut edges together.

Fracture of Rib.—This man applied for admission but a few minutes ago. He states that he fell this morning from a height of fifteen feet. Upon examining the right side we at once notice that it appears much larger than the left. Upon pressure, a peculiar crackling sensation is perceived. We have here emphysema of the cellular tissue. There is, no doubt, a fracture of the ribs, and one of the sharp ends of the fractured bone has wounded the lung, and through this wound the air has gained access into the cellular tissue.

Treatment.—Rest—bandage around the chest, and general antiphlogistic treatment.

Compound Fracture of the Astragalus, (before reported.)—We stated at our last clinic that an endeavor would be made to save this limb. Since then the patient has had an attack of mania-a-potu. During this attack hemmorrhage occurred from the wound, which, however, ceased after a short time, without the application of a ligature.

A consultation was held this morning upon the advisability of amputating the foot. It was determined to persevere in our attempt to save it.

There is every probability of a return of the hemmorrhage. If this occurs, we shall cut down, and, if the injury is not too extensive, ligate both ends of the posterior tibial artery.

This is one of those doubtful cases, in which we cannot say beforehand what to do.

Several other cases were presented, among which were—

Fracture of the Olecranon.—Gun shot wound of chest—the ball merely entering the pectoralis major muscle.

The doctor then operated upon a man for external and internal piles. The former were simply clipped off with the scissors—the latter strangulated.

SATURDAY, JAN. 15.

Service of Dr. Wood.

An interesting case of vicarious menstruation was presented in a young girl. For some time she has been laboring under suppression of the menses, but during this interval, and particularly at her menstrual time, a most profuse stomatorrhœa occurs. Her catamenia have, under treatment, reappeared, whilst the mucous and salivary hypersecretion is rapidly disappearing.

Intermittent Epilepsy, (before reported.)—The epileptic attacks which, under the influence of quinia, had not occurred for three weeks, have returned.

Our prognosis is, in consequence, by no means so favorable as we had reason to hope a short time ago.

A number of cases of pthisis were presented. The invaluable remarks of Dr. Wood on the treatment of this disease have been already treasured up in the pages of our journal. One most important point was dwelt upon. Patients are not treated for the disease alone, in a general manner, but the particular symptoms of each is duly weighed and attended to.

Service of Dr. Peace.

Compound Fracture of the Astragalus.—As we anticipated, hemmorrhage reoccurred. Dr. Hodge promptly cut down and tied four vessels. Since then the man has presented favorable symptoms.

The Doctor then brought before the class a number of cases, the account of which we are compelled to condense. Among these were a case of—

Fracture of the Fibula—and railroad injury causing a lacerated wound, with extensive contusion.

The man operated upon for epithelial cancer is doing well, as also the man with fracture of the rib, and the patient with extensive chancre.

PHILADELPHIA HOSPITAL, BLOCKLEY.

Service of Dr. D. Hayes Agnew.

Stricture of the Urethra.—A stout Englishman had noticed some trouble about the urinary passages as far back as eleven years, when residing in London. Disclaims ever having had gonorrhœa. The stream of urine is very small; often drops down at the end of the penis; sometimes stops suddenly; at others the stream is split. There is evidently some urethral obstruction. These strictures may be simply spasmodic or organic. If the former, a warm hip bath and an anodyne injection will often relieve; and if not, a good-sized catheter carried down to the obstruction and held gently in contact with the part for a little time, when the muscle will relax and admit its introduction. Nothing is to be accomplished by force. The organic strictures have all degrees of consistency, from a soft layer of lymph beneath the mucous membrane up to a structure of cartilaginous density. For the relief of such, we have cauterization, division and dilatation — the last two viewed with most favor. A small sized metallic bougie was carried along the urethra, which was arrested by, and then passed, an obstruction about three inches from the external orifice. It was again arrested at the membranous portion of the canal, (probably the most common seat of stricture;) a little manipulation finally carried it into the bladder, where it was allowed to remain a short time, and removed. If no great constitutional disturbance ensues, it should be repeated every day or two, gradually increasing the size of the instrument. The bougie, in entering the bladder, underwent a movement which suggested some prostatic difficulty. On inquiry, the patient says that recently he has had incontinence of urine. There is a hypertrophy of the prostate, which prevents the complete closure of the canal. It occurs in persons advanced in life. The prostate is a muscular organ intermixed with glandular structure, and its enlargement is frequently due to an increase of its muscular element. An examination through the rectum discovered the condition expected. It must be confessed that we possess no means calculated to remove such pathological alterations. The good effects attributed to buchu and other remedies employed, probably are due to their producing such a condition of the urine as will produce little irritation when flowing along the passages. The bowels in such cases should be kept open, and counter-irritation to the perineum established by a small seton.

Fungous Growth on the Scrotum.—A lad 19 years of age presented a cauliflower looking growth about the size of a hickory nut. Two years ago he had a chancre; never had any urethral discharge; shortly after, the scrotum became tender and inflamed, ulceration occurred, some pus was discharged, and the present growth protruded. There is a great variety of enlargements of the testes. The great question to determine in the present case is its benign or malignant nature. The slight induration, uniformity of surface, absence of any great weight, and no lancinatory pains, would seem to be inconsistent with scirrhus. The small bulk of the tumor, and its long standing, is scarcely consistent with medullary cancer, nor does its appearance indicate a cancerous cachexia. In tuberculous affections of the organ the deposit is not so perfectly circumscribed, nor do the ulcers resulting from softening, have such granulations projecting so far above the surrounding parts. There is, however, a growth springing from the tunica albuginea, a result of gonorrhœa or syphilis, with which this would seem to be identical. The boy is not willing to have it removed by the knife, and we must therefore resort to caustic potassa applied upon and around the fungus, limiting its extension by sweet oil.

Fistula in Ano.—An Irishman had a fistulous orifice a little removed from the verge of the anus, through which both flatus and feculent matter passed. It is therefore a complete fistula, communicating with the perineal surface and the rectum. Such openings will not heal of themselves, nor will cauterization by injections of nitrate of silver or nitric acid produce a cure. The fibres of the sphincter ani muscle must be divided, either by ligature or the knife — the latter always preferable, save in cases where the opening into the intestine may be so high

as to endanger blood-vessels not accessible to ligature. The cough which sometimes is present with fistula, the result of pulmonary disease, the doctor thought did not contra-indicate the operation. As there was more to be apprehended from the steady drain on the system and the annoyance to the patient's mind, than the problematical evils supposed to result from healing so remote a diverticulum, the patient was etherized, a grand director carried into the fistula, along which was passed a blunt pointed bistoury, and received on the index finger passed into the rectum, both being withdrawn together, the sinus and the gut were opened into one, a stick of caustic potassa was drawn through the wound, and a piece of lint, saturated with sweet oil, thrust into the bottom. The bowels were ordered to be kept quiet by opium for several days, observing always to keep lint introduced so as to secure granulation from the bottom.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

SATURDAY, JAN. 8.

Service of Dr. Henry H. Smith.

Clinical Lecture on Hare-lip.—Dr. Smith said that he would call the attention of the class to-day to the subject of hare lip, as it was a deformity of sufficiently frequent occurrence to render it a source of anxiety to many parents, as well as one capable of being promptly relieved by almost any practitioner, even when unwilling to attempt more hazardous operations. In studying the pathological conditions noted in hare-lip, a proper appreciation of the ordinary laws of development of the two sides of the body would be necessary—it being well known that the right side was usually that most developed—the right eye, arm, leg, etc., possessing usually the most power, while the left and weaker side was most subject to defects of various kinds. In many other morbid conditions besides hare-lip, this same peculiarity might be noted — hydrocele, varicocele and club-foot being among those that might be mentioned. In hypospadius, and in the so-called instances of hermaphrodism, the defect was very often due to malformation or deficiency on the left half of the part affected. In observing closely the relation of the parts concerned in hare-lip, the deficiency would be most frequently noted on the left half of the lip and hard and soft palate. In the variety known as *single hare-lip*, the fissure was generally situated not in the median line, but a little on one side of the raphe, whilst in the bone it was at a point corresponding to the line of junction of the superior maxilla with the vomer, or between the maxillary and inter-maxillary bones of certain mammalia.

When hare lip existed it might be either the form termed double or that known as single hare-lip. In the simplest form of single hare-lip the fissure only involved the lip, but most frequently the fissure also extended back through the bone, passing more or less completely through the hard palate and through the velum pendulum palati also.

In *double* hare-lip there was usually a fissure on each side of the lip, with an intermediate or central teat, and a double fissure in the roof of the mouth—a central portion, corresponding with the inter-maxillary bones of animals, and covered in part by a central flap of lip, existing between the two fissures of the superior maxillæ. This central bone usually contained the germs of the central incisors, or often in the adult the teeth themselves.

In all patients laboring under this deformity the teeth were very apt to be irregular and to project forwards, in consequence of the eversion of the alveolar processes.

The complaint in any of its forms involved several serious inconveniences, besides the deformity. The child was usually not able to suck, and should fissure of the palate exist, was inconvenienced by matters taken into the mouth passing readily into the nose, whilst a portion of liquids attempted to be swallowed regurgitated through the anterior nares. The voice was also greatly impaired, and rendered peculiarly disagreeable by this deformity.

Relief could only be afforded by operative interference, in which it was important to bear in mind the fact that some resistance must be offered to the action of the orbicularis oris muscle until union of the fissure was obtained.

There were several modes of procedure which might be designated as hare-lip operations; all of these had for their object the paring off of the vertical edge of each flap, and the retaining together of the freshened edges until union occurred.

The paring or freshening of the edges might be effected by the scissors or by the knife; of these the knife was preferable, as it did not, like the scissors, by bruising the parts, interfere with adhesion. The incision might be made with a scalpel upon a wooden spatula, which Dr. Smith considered the preferable mode of operating, or with a bistoury plunged through the lip near the nose and made to cut its way out first on one side and then on the other, the lip being meanwhile supported by the fingers of the operator.

It was important also first to dissect the lip free from its attachment to the gum, as by so doing the subsequent strain by the orbicularis oris muscle on the line of union would be much diminished.

In promoting union, *sutures* were more successful than adhesive strips or uniting bandages. Stitches of the ordinary interrupted suture had been em-

ployed by some, but as a general rule the "hare-lip," or twisted suture, was preferable. Two or three silver, gilt or steel pins being passed through the flaps, each surrounded by figure of 8 turns of a ligature. Afterwards the points of the pins having been removed by nippers, two or three narrow strips of adhesive plaster were used to support the sutures.

With regard to the after-treatment, the child, if unweaned, should be forbidden to suck, and be fed with a spoon until union has occurred, being carefully watched until the pins were taken out, which might be done on the third day, or earlier if the child was very young, the figure of 8 turns being allowed to remain, as they usually adhered to the skin. The parts were to be kept well supported with adhesive strips, renewed from time to time until union was complete.

Under ordinary circumstances, even when successful, there was generally left more or less of a notch on the edge of the lip at the point of union. This notch, Dr. Smith thought, was not so much due to a vertical contraction of the cicatrix as it was to a want of substance in the lower angle of the flaps after being pared.

To avoid longitudinal contraction, it had been proposed to make the incisions elliptical or lozenge-shaped, which was a good method.

Another very excellent plan was that of Mirault of Angiers, who having pared one side by a straight incision, cut the other so as to leave a pedicle of the membrane on the free edge of the lip, which being carried across the fissure and united to the opposite half, compensated for the deficiency of the inferior margin, and prevented the formation of any depression.

Double hare-lip was to be treated on the same general principles. One side might be operated upon at a time, or both sides having been freshened at the same time, might be brought together by pins passed from one side through the central flap to the other side, and secured in the usual way. The latter was generally the more successful.

When fissure of the palate existed it was generally much diminished after the union of the lip had been accomplished, especially where this occurred in infancy; if, however, it did not close completely, it required subsequent treatment.

Operation for Hare-lip.—A child five weeks old, presenting single hare-lip on the left side was then exhibited to the class. There was a wide fissure of both hard and soft palate. Dr. Agnew, at the request of Dr. Smith, who was called away, performed the operation The edges were freshened by the lozenge-shaped incisions above referred to, made by the bistoury, the edges being brought together in the usual way by two hare-lip pins, supported by adhesive strips.

WEDNESDAY, JAN. 12, 1859.

Goitre.—A healthy young woman presented an enlargement in the middle line of the neck, just below the larynx. It was soft and doughy to the touch, rose with the larynx during the act of swallowing, was covered with healthy integuments, was neither painful nor tender on pressure, and had gradually progressed to its present size during several past years. Dr. Agnew, who, at Dr. Smith's request, presented the case to the class, said he regarded it as an example of goitre, (already described in these reports. See REPORTER for Dec. 10th, 1858, p. 178.)

The tumefaction might involve either lobe, or the isthmus of the thyroid gland. Sometimes both lobes, or the whole gland, was involved. The case was chiefly worthy of note in that the disease appeared to involve the isthmus only—a condition which is comparatively rare.

Treatment.—Five drops of Lugol's solution three times daily, and the tumor to be painted with tincture of iodine.

Scrofula.—A middle-aged woman presented a well marked acute conjunctivitis of the right eye; she has also a fœtid, purulent discharge from the nostril, and moderate enlargement of the superficial lymphatic glands, on the right side of the neck. The woman is anæmic and debilitated, and is nursing a child five months old.

Dr. Agnew said that the ozœna and conjunctivitis were probably to be attributed to the scrofulous condition of constitution indicated by the enlarged lymphatic glands.

With regard to the *conjunctivitis*, it would be observed that the intolerance of light was much greater than would be anticipated from the degree of vascular injection. This excessive intolerance of light was almost always observed in the conjunctivitis of scrofulous patients. And here, in passing, it might be remarked, that conjunctivitis might be diagnosed from sclerotitis by the character of the vascularity, the enlarged vessels in conjunctivitis pursuing a tortuous course, while in scletotitis they radiated from the rim of the cornea almost in straight lines. The lesion in the eye of this patient was of very recent date, having appeared only one week previously.

As to the ozœna, so far as had been observed, there was in this case no disease of the bones of the nose, and perhaps, therefore, the term ozœna was not a proper one; yet it was often applied to chronic inflammations of the mucous membrane of the nasal passages accompanied by fœtid discharge. This symptom has troubled the patient for several months, and was the first unpleasant circumstance in her case, the enlargement of the lymphatic gland having appeared subsequently.

It would be useless to treat the local troubles in such a case without simultaneously attempting to modify the constitutional conditions, which undoubtedly acted as the predisposing cause. Let the patient take a grain of quinia, with three of Vallet's mass thrice a day, along with ℥ss. of cod liver oil. For the conjunctivitis, the following collyrium:

℞ Aquæ distillat. f. ℥i.
Argent. nitrat. gr. ½. M.

A simple astringent wash of acet. plumbi, gr. ii, aquæ distil. f℥j. may be injected into the nose, or the vapor of cinnabar allowed to permeate these passages.

Obstruction of the Lachrymal Ducts.—A scrofulous-looking boy complained that for several months past his tears habitually overflowed the eyes upon the cheek. Both eyes were affected; the right, however, being the worst. Catheterization of the canaliculi was resorted to by Dr. Agnew, who found that while the Anel's probe readily passed on each side through the lower puncta and canalicula into the lachrymal sac, the upper puncta were too much constricted to admit the point of the probe. Injection by the Anel's syringe showed the ductus ad nasum to be patulous, though not so much so as natural. The patient was ordered to return from time to time to have the lachrymal passages syringed with an astringent solution, and an eye-wash of quarter of a grain of nitrate of silver to an ounce of distilled water was ordered as a collyrium, hoping that some of the solution might be carried into the ducts with the tears, and thus act on the diseased surface. Constitutional remedies would be required in this case also, and would consist in the administration of four drops of the syrup of the iodide of iron three times daily.

Fracture of the metatarsal bone of the little toe.—A robust sailor broke the metatarsal bone of his little toe, by falling from the rigging to the deck of his ship, his feet striking first, and no injury except this resulting. The injury was readily recognizable by the unnatural mobility in the shaft of the bone, and by distinct crepitus. In the treatment, the patient must be confined to bed, and the leg may be placed in a fracture box, with the foot well secured to the foot-board, a pad of cotton wadding being inserted in the hollow of the foot, to preserve the arch of the bone, or a straight splint, properly padded, and secured upon the sole of the foot by a bandage, will answer every indication.

Cataract, with Amaurosis of the opposite eye.—A middle-aged man presented a well marked cataract in the right eye—vision being completely lost; the other eye was amaurotic, and the patient can see but little with it. Amaurosis of one eye is occasionally observed in patients who have cataract in the other, and may perhaps be attributed to the excessive use of the organ, resulting from the loss of function in its fellow. This patient will probably be operated upon before the class on a future occasion.

Dr. Agnew also presented to the class the old woman whose breast had been excised for medullary carcinoma by Dr. Henry H. Smith a week previously. She has convalesced favorably, and the extensive wound has almost completely cicatrized.

HOSPITAL OF THE JEFFERSON MEDICAL COLLEGE.

Service of Dr. Dunglison.

WEDNESDAY, JAN. 12.

Dropsy and Polyuria. — Barney McG., whose symptoms were detailed upon page 257, was again brought in, and further remarks made upon his case. The urine appeared slightly turbid when exposed to heat, but it was not clear when *first* passed. Submitted to Trommer's and Moore's tests, it did not exhibit the presence of sugar. The employment of diuretics might account for an increased quantity, and yet serious disease must exist to cause the production of so many pints as he states he is in the habit of passing daily. Glycosuria is a condition perfectly distinct from the polyuria sometimes seen, especially in nervous and hysterical females. In one case of diabetes, seen by the lecturer, twenty-four pints were passed in the twenty-four hours, an ounce and a quarter of sugar existing in each pint. This patient had been in the habit of passing about twenty pints daily, being obliged to rise for the purpose about three or four times in the night. Glycosuria is dependent upon the breaking down of the tissues, and their conversion into sugar. Sometimes a very large quantity of sugar is formed in the liver, but the cases of diabetes usually met with can scarcely be assignable to such agency. When the elements of the tissues are decomposed, recomposition takes place, with conversion into sugar. Emaciation follows such decomposition, and the general health suffers greatly, and generally fatally.

It is expedient, in all cases of dropsy, to inquire what may be the morbid condition upon which the effusion depends, dropsy never being a disease, but a symptom. Hepatic, cardiac and renal affections give rise to such conditions. Hard drinking, by altering the nutrition of the liver, may be productive of such consequences. The patient complains of shortness of breath when ascending the stairs, and palpitation, but the cardiac sounds appear to be normal. He has never been an intemperate man.

Granular degeneration of the cortical portion of the kidney, or morbus Brightii, resembles glycosuria in one great feature, for the albumen is probably formed in increased quantities in the same way in which sugar is formed, viz.: by changes in the system of nutrition. Some revulsive agent, whose effect will be felt upon the system at large, will be the only means by which we can hope to do good, for in most cases treatment is but of little avail. The quantity of urine passed since he was last at the college, is greatly reduced, fourteen pints being the daily amount now, instead of twenty. If dropsical effusions are taken up under the continued use of active diuretics, we should certainly think that there has been diuretic agency enough here, without employing that class of remedial substances, to produce a sensible influence upon the abdominal effusion. As he seems to be improving under the tonic use of the tinctura ferri chloridi, let him continue that treatment.

Cardiac Affections—Four Illustrations.—1. Rosanna D., aged 13, was examined at a previous clinic, and exhibited at that time marked hypertrophy of the heart, with strong impulse. She also complained of difficulty in making water. Pain in the breast, over the præcordial region exists, but she has never suffered from attacks of inflammatory rheumatism. She has not been in good health for a year, although the disorder of the heart is only of six months' duration. The relation of endocarditis to hypertrophy of the heart was exhibited by a diagram on the black-board. If deposition occurs on the valves—those at the origin of the aorta especially—after inflammation of the lining membrane, the heart contracts with greater violence, and the muscular structure becomes hypertrophied. Under such circumstances, the sounds are not so distinct, and the impulse is increased. In an opposite condition, the sounds are very distinct and the impulse is diminished. Simple attacks of endocarditis, accompanying acute rheumatism, pass away, in the majority of cases, leaving behind traces which may remain through a long lifetime.

In this case, no blowing sound is perceptible; the impulse is very great, but less marked than at the previous examination, and the sounds of the heart seem more normal. The difficulty of urination has also passed away. She may be put upon the use of the potassio-tartrate of iron—it being considered expedient to unite the diuretic action of the potassa with the tonic.

℞. Ferri et potassæ tartratis, gr. x.

To be repeated three times daily. Externally, counter-irritation by means of croton oil, may be serviceable.

℞. Ol. tiglii,
" olivæ, āā fʒss.

The general health must be improved in every way.

2. John K., aged 17, has suffered for a year from dyspepsia, pain in the left breast, and palpitation. He has never had rheumatism, scarlet fever, or measles, all of which are sometimes followed by endocardial inflammation. The pulse is quick and irregular. The cardiac affection is probably neuropathic, as no sound is distinguishable on auscultation to indicate increased narrowness of the valves. Let him employ the subcarbonate of iron, improve his general health by animal food, etc., and make use of the rubefacient effect of friction with a coarse towel.

3. Mary D., aged 11, complains of palpitation, occasional pain over the region of the heart, giddiness, pain in one foot, and difficulty of swallowing unconnected with sore throat. She cannot sleep in a horizontal posture, but sits up in a chair. The respirations are forty to the minute, and the pulse is feeble and quick, and exceeds a hundred, although it must be borne in mind that the normal pulse at this age is often as rapid. The beat of the heart is heard very superficially, and the head of the auscultator is raised from the surface. This is undoubtedly a case of chronic endocarditis, an affection much more frequently met with than is usually supposed. Bouillaud is of opinion that acute rheumatism is always accompanied by endocarditis.

No activity of treatment is required, and quinia is often found to exert a favorable tonic and sedative effect. She should be recommended a well-regulated diet, and a sustaining rather than a depletory course of treatment, with the use of friction externally.

℞. Ferri et potass. tartratis gr. x.

To be taken in solution three times daily, in combination with three drops of tincture of digitalis.

4. James McG., aged 14, was brought before the class in the clinical lecture of Saturday, Jan. 15. He has rheumatic pains in his limbs, otorrhœa connected, as it so often is, with a strumous diathesis, but has not been confined to bed with acute rheumatism, his affection being more of a subacute character. The pulse is irregular and very slow, the average normal pulse at this age being eighty or over, while in the present instance it is about fifty-four. An interval exists occasionally between the beats, indicating important disturbance of the central organ. On auscultation, the impulse was found to be very greatly exaggerated, and the sounds were heard with extreme difficulty, the first sound of the heart being scarcely distinguishable. We have here another illustration of endocardial inflammation, resulting probably in serious alteration of the auri-

culo-ventricular valves, and impediment to the passage of the blood into the aorta. Activity in the treatment is not at all indicated, the tonico-sedative influence of the sulphate of quinia being of eminent importance in such cases. Eight grains in the course of the day, in solution, which would scarcely be a full tonic dose, will be prescribed.

SATURDAY, JAN. 15.

Intermittent Fever. — Peter K., aged 24, afforded an opportunity for describing the diagnosis, general treatment, etc., of intermittent fever, the paroxysms recurring regularly every day at four o'clock in the morning during the spring and fall, although at one time coming on at the same hour in the afternoon. The various forms which intermittents assume were described to the class, such as the quotidian, tertian, quartan, double tertian, etc. Ague, although frequently employed in the sense of rigor or chill, means the same as ague and fever. It is doubtless derived from the French word *aigu*, 'acute.' Fevers are recorded that return once a week, once a month, or once a year (*morbi annui*); but such cases, although assuming a periodical aspect, exhibit merely a susceptibility to febrile exacerbations at certain times of the year, and yet are not periodical fevers, which can yield to the administration of antiperiodics. Periodicity exists in health as well as in disease, as of the pulse, the rhythm of the heart, menstruation, etc., and when we use the term periodicity it is merely a confession of our ignorance as to what is the precise nature of the influence concerned. When the intervals are well marked, a new impression may be made upon the nervous system by antiperiodic remedies, not by any specific action upon the disease as an entity. Bodily fear will, in this way, by the powerful nervous impression, check the progress of a chill; the effect of mesmerism may be accounted for in the same mode. Intermittent fevers might, indeed, with great propriety, be classed under the head of nervous affections, as the nervous element is decidedly the object of our attack in the use of antiperiodics. The general treatment of each stage—the cold, the febrile, and the sweating stage—was then detailed, but little medication being required during the paroxysm. In the interval of apyrexia, it would be an interesting point to know how to give our remedies with the greatest advantage. When the paroxysm regularly returns at the same hour, a moderate quantity of sulphate of quinia given just before the expected recurrence—five grains an hour before, the dose to be repeated in half an hour, will succeed, in almost all cases in this region, in preventing the commencement of the paroxysm. It will be found sometimes that the powdered cinchona will succeed where quinia has failed, and this may be accounted for from the fact of the bark containing cinchona and other antiperiodic agents, as well as lignin, etc., which, by its insoluble character, may aid in making a new nervous impression on the stomach. If the quinia is given, it should be administered in solution. In that form, it is estimated to be at least one-third stronger than in pill, and we have the advantage of the powerful gustatory impression. As the sulphate of quinia is not soluble in water, dilute sulphuric acid may be added to assist the solution, and, if necessary, some aromatic syrup may be combined with them. A convenient formula for prescribing this medicine was written on the blackboard, and explained in detail to elucidate the mode of writing prescriptions.

℞. Quiniæ sulphatis gr. x.
Acid. sulphuric. dilut. gtt. xxx.
Syrup. aurantii f℥ij.
Aquæ f℥iij. M.

One-half for a dose, as above directed. About three drops of the dilute acid are calculated to dissolve a grain of quinia. To facilitate the action of the antiperiodic, let him take an emetic early in the evening.

℞. Pulv. ipecac. gr. xxv.

To be repeated soon afterwards, if necessary. Instead of quinia, we shall employ cinchona in this case.

℞. Pulv. cinchonæ ℥ss.

To be administered at night on going to bed, and twice a day afterwards until the next clinic.

SATURDAY, JAN. 8.

Service of Dr. Gross.

Perforation of the Septum of the Nose.—A woman, aged about 30, has a perforation in the septum of the nose, so that the two nostrils communicate. Three months ago she was treated for an ulcer occupying the ala nasi of the right side. The ulcer has healed, but a sore surface exists on the Schneiderian membrane on the inside of the nose. She was put upon the usual treatment for tertiary syphilis, and the result has confirmed the diagnosis. It is sometimes difficult to decide between the tertiary forms of syphilis and the manifestations of scrofulous disease. If a strumous case, it would generally occur early in life, and would yield less readily to treatment than the tertiary forms of syphilis. The glands of the neck occasionally undergo enlargement, but this is not a diagnostic symptom of scrofulous disease. The perforation must be prevented from progressing, for fear of total destruction of the septum or of the alæ nasi. The internal treatment must be continued, and acid nitrate of mercury, in the proportion of one part of the nitrate to three or four parts of water, be applied by a delicate mop to

the surface. After this application, dilute oxide of zinc ointment, or dilute citrine ointment, must be constantly re-applied, care being taken that the substance introduced is not inhaled and carried into the air-passages. This accident occurred once to a bookseller in New England, who was in the habit of applying a large sponge over a perforation in the septum. Carried down by inhalation into the respiratory tubes, the foreign body became a cause of death.

Affections of the Cornea —Two Cases.—A case of ulceration of the cornea, accompanied with marked opacity, lasting for several months, and attended with inflammation of all the external structures of the eye, was brought in. Great intolerance of light and lachrymation exist. The opaque spot encroaches upon the pupil. There is pain in the forehead of a rheumatic character, and aggravated at night. He has been put upon the use of twelve-grain doses of pulvis ipecacuanhæ et opii every night. Usually, ulceration of the cornea is merely a dimple-shaped depression, although occasionally perforation takes place. When the case seems to be progressing, the surface should be gently touched with the nitrate of silver in solution, or, what is preferable, in a finely pointed stick. The redundancy of the salt should be washed off with warm water. The object must be to touch lightly, without producing violent irritation of the eye. The nightly doses of Dover's powder must be continued.

A second case of opacity of the cornea was presented. Care must be taken not to confound such an affection with cataract. A milky, pearly spot lies directly over the centre of the cornea. When chronic, this morbid condition is irremediable. In the earlier stages, mercury, pushed to the extent of causing slight ptyalism, may succeed in producing gradual absorption of the effused fluid. Purgation, and the use of a mild collyrium, as of a weak solution of acetate of lead, or sulphate of zinc, or nitrate of silver, frequently do good. Very little benefit can be derived from internal treatment. A drop of thin molasses in the eye, twice in the twenty-four hours, will produce a mild, stimulant effect.

Syphilis, (two cases.)—There were also two cases of syphilitic disease; one, a syphilitic ulcer on the leg, constitutional treatment, by corrosive sublimate and iodide of potassium being prescribed; the other, an illustration of well marked chancre, in a colored man, the penis being greatly enlarged, the prepuce contracted, no bubo existing in connection with the chancre, no sore throat, and no eruption; treated by purgation every fourth night, an antimonial and saline mixture, the parts, after being cleansed, to be touched lightly once or twice in the next forty-eight hours by acid nitrate of mercury, followed by the application of the lotion mentioned upon page 259.

WEDNESDAY, JAN. 12.

Service of Dr. Pancoast.

Fracture of one Thigh, with Dislocation of the other at the Hip joint.—A man was sent to the clinic who had been crushed several months ago between two cars. The effort to reduce the dislocation of the thigh consequent upon the injury had been unsuccessful. Six or seven months have now elapsed since the attempt was abandoned. It is not proposed to-day to make any further effort, but to exhibit merely the appearance of the limb. The head of the bone rests on the side of the dorsum ilii, and can be distinctly felt through the integuments, and the dislocated limb has shrunk in size. It would be unjustifiable at this late day to attempt a cure by reduction. In the other thigh, fracture has taken place, a great amount of callus been thrown out, and the limb is sore and swollen, as if from threatening necrosis. Upon measuring the two limbs from the anterior superior spinous process of the ilium down the inside of the thigh to the internal malleolus, the dislocated limb is found to be an inch and a half shorter than that of the opposite side. The fracture was probably transverse, without much sliding. The trochanter major of the dislocated limb is very prominent, and the toe is turned in. On probing the sores upon the fractured side, the bone is felt without roughness, or any apparent diseased condition. It is a chronic abscess which we have to treat, and to this we will apply a yeast poultice, and compound elemi ointment. Internally, he may use the following:

℞ Potassii bromid. gr. iij.
Piperin,
Extract. ignat. amar. āā gr. ⅔.
Pulv. gentian gr. ss. M.

To be taken three times daily.

Recent Fracture of the Humerus, with splitting off of the inner condyle.—A boy was admitted who had fallen upon the ice this morning. The injured hand is held in the sound one, that being the most comfortable position to him. The elbow joint is swollen to twice its natural size. The olecranon process is in its proper position, but the inner condyle slides backwards and forwards with a perceptible grating. Very frequently such fractures run into the articulation, and this complication may exist in the present instance. The arm must be kept in a proper rectangular position, by a rectangular splint placed upon the inside, and another on the outside. It will not be necessary to apply a bandage first. The

joint must be kept constantly wet by the following lotion:

℞ Liquor: plumbi subacetatis,
Tincturæ opii āā fʒss.
Aquæ Oj. M.

An anodyne and diaphoretic mixture must also be given him. Passive motion will have to be commenced at a future day, to prevent ankylosis.

Tumor of the Antrum.—Removal of the superior maxillary bone.—A young man was brought in with a tumor of the antrum, which depressed its floor, filling up the cavity of the mouth. Morbid growths originating in the cavity of the antrum are very apt to take on a malignant character, especially in young persons. Pain has been experienced for several years, but the tumor was first noticed last July. The teeth are sound, although not free from pain. A sero-purulent discharge exists, with occasional hemorrhage from the nostril. This would have been in larger quantities if the tumor was purely encephaloid, or it might have been mistaken for polypus, and pulled upon by polypus forceps. If it was a degenerated epulis, the treatment would be the same as that we shall adopt. It will be necessary to remove the superior maxillary bone. The anatomy of the parts was then described, as well as the parts through which the surgeon must cut. The incisions must be made with a view to prevent disfigurement of the face. Sometimes it is necessary to remove many bones of the face, and yet it is surprising what slight deformity follows the operation.

The bone was removed, and the patient presented himself at the succeeding clinic, the wound, throughout its whole extent, having united by the first intention.

SATURDAY, JAN. 15.

Fissure of the Palate.—Staphylorraphy.—A boy with a congenital fissure of the palate was brought in for operation, although it is generally deemed expedient to defer it until the patient has arrived at an age when he can appreciate its importance, and assist the surgeon by continued exercise of the mouth and palate to the contact of instruments. The operation in this case is uncertain, as there is but little soft palate. The interrupted suture was employed, and after the threads had been introduced through the margin of the fissure, they were tied, and the operation, which is necessarily a very tedious one, both to surgeon and patient, was completed. He must be prevented from straining the mouth by talking and eating.

Service of Dr. Gross.

Abdominal Tumor, extending down to the Peritoneum.—A young man, 18 years of age, having had a tumor of the abdomen for about thirteen months, was brought in. The tumor is about eight or nine inches in length, somewhat movable, solid, firm, and inelastic, but it is uncertain whether any attachment to the abdominal walls exists. Were it an encephaloid tumor, the general health would probably have suffered much more. It is, doubtless, fibrous or fibro-plastic in its character. If the patient was a female, and the tumor not so circumscribed, it might readily be diagnosticated as ovarian. It commenced above, and grew downwards; does not resemble a fatty tumor, either in its feel, appearance, or time of growth. It is not accompanied by enlargement of the subcutaneous veins, as is usually the case in encephaloid disease. It is doubtless outside of the peritoneum, yet very deeply seated. The linea alba is pushed over to the left side, so as to be rendered curvilinear. No pulsation exists to induce a suspicion that this is an illustration of aneurismal disease. Chloroform was administered, and the tumor was removed.

HOSPITAL OF THE PHILADELPHIA COLLEGE OF MEDICINE.

OCTOBER 9.

Service of Dr. J. Aitken Meigs.

Disease of the Mitral Valve, complicated with Hydrothorax and Ascites.—The next of these cases of cardiac disease to which I direct your attention is one of a much more serious character.* Sandy Simpson, a colored man, ætat. 75 years, came to us a week ago, complaining of disease of the heart, which he says is of seventeen years standing. He first noticed the disturbed action of his heart, and also continued shortness of breath, shortly after recovering from an attack of pleurisy. You perceive that the respiratory movements are accomplished with difficulty, that there is, in fact, considerable dyspnœa. Sometimes at night this dyspnœa becomes orthopnœa. Exercise increases the respiratory difficulty very much, and occasionally produces palpitation of the heart, and severe pain radiating over the chest, from the cardiac region as a centre. In this condition there is a strong tendency to syncope. The pulse is soft, very weak, and irregularly intermittent. His chest is large, and well developed. The lower portion, however, bulges very much, and the intercostal spaces are quite protuberant. There is profound dullness on percussion from the level of the nipples on both sides, to the inferior margin of the thorax. From the fourth rib downwards, anteriorly, laterally, and posteriorly, the respiratory murmur is absent. In the infra-clavicular regions, on both sides, the vesicular murmur is greatly exaggerated. It is, in fact, puerile. Ef-

* For the first case, see the REPORTER of Dec. 31st, p. 225.

fusion has evidently taken place in both pleural sacs, and to a distressing extent. We have here, in fact, the disease technically called hydrothorax, but which in this case, as we shall presently see, is really a symptom of a more persistent and troublesome affection. The lungs are compressed and pushed upwards by the accumulated fluid; hence the dullness on percussion, and the absence of the respiratory murmur in the lower part of the chest. To this cause is also due the obscure, muffled character of the cardiac sounds. The puerile respiration in the upper lobes is here, as it is in general, an indication of disease, not so much in the spot where it is heard, as in some other part of the lung. A rough murmur accompanying the first sound of the heart is distinctly audible below the nipple. Over the third costal cartilage it is faint and indistinct; above this it disappears altogether. When the action of the heart is accelerated and strengthened, this murmur appears to be prolonged during the second sound. You will find, upon examining this patient's chest for yourselves, however, that it is not an easy matter to be assured at once upon this point, the sounds being obscured by the presence of the intervening stratum of water in the pleural cavities. No purring tremor can be detected. Now, the position of this murmur, its association with the systole of the heart, the weakness and intermittent character of the pulse, the dyspnœa, and the absence of cerebral symptoms, all indicate mitral insufficiency and regurgitation. By referring to this diagram, you will see that during the contraction of the ventricles, the reflux of blood into the auricles is prevented by the closure of the valves occupying the auriculo-ventricular openings. If these valves have their freedom of movement impaired, and consequently do not close these openings perfectly, regurgitation of blood towards the base of the heart will take place with every systole of the ventricles. Under these circumstances, less blood being thrown out into the aorta, the pulse, for reasons obvious enough upon slight reflection, will be soft, weak, small, and often intermittent, especially if the action of the heart be enfeebled. The prolongation of the murmur over the time occupied by both the first and second sounds of the heart should lead us to suspect that, along with mitral incompetency, there is in this case also narrowing or constriction of the auriclo-ventricular opening. Repeated examinations alone can determine this point. You will often be very much puzzled to determine whether an abnormal murmur be really single, and formed in one place, or double—the two sounds being generated in different places, and indicating different lesions, but so alike in tone, and following so immediately upon each other, as to defy discrimination. As the case progresses, however, a difference in the tone of the two closely associated murmurs will often take place, and then the mystery will be cleared up. You will see, therefore, from this statement, the importance of frequently ausculting such cases, and withholding your opinion until you have studied them well. Look now at the abdomen of our patient. You see it is very protuberant, and there is fluctuation when it is palpated. The peritoneal, as well as the pleural sac is water-logged. Our patient has dropsy of the belly, and his legs also are swollen and dropsical. His bowels are constipated, probably on account of the pressure to which they are subjected by the fluid in the peritoneal cavity. The tendency of this pressure is to produce paralysis of the muscular tissue of the bowel, and consequent destruction of the natural peristaltic action of that organ. Careful percussion reveals also enlargement of the liver, which appears to be of a chronic character. In this case, then, you see that we have great organic and functional derangement to contend with.

Look now upon this patient—William Lehman by name—whose condition closely resembles that of the case which we have just investigated. He is a German, aged thirty years. The pleural cavities and the peritoneal sac are filled with water, and the subcutaneous areolar tissue of both his legs and feet is so extensively infiltrated with the same fluid that they are enormously swollen, and pit deeply upon pressure. A year ago he was well and healthy. Last spring, while perspiring freely, he was suddenly chilled, and the chill was soon followed by swelling of the lower extremities. He has great dyspnœa—so great, indeed, that he was compelled to rest several times in ascending the stairs to this lecture room. Over the whole of the lower half of the chest percussion elicits a decidedly flat sound, and the vesicular murmur is wanting. The impulse of the heart is felt in its natural position; but the action of this organ is quick and labored and auscultation discloses a loud, bellows murmur, synchronous with the first sound. His pulse is small, frequent, and so feeble at times as scarcely to be felt at the wrist. He has a short, troublesome cough, and expectorates dark-colored and tough sputa. His urine is scanty and high colored; his bowels are regular, his tongue clean, and his face wears, as you see, an anxious expression.

These two cases are excellent illustrations of that form of dropsy which is so often associated with organic or structural disease of the heart. Now what is the cause of this dropsy? Is it due entirely, or only in part, to endocardial disease? This latter question is not so easily answered as you might at first think. Dropsy is not so much a disease as a symptom. Perhaps all passive or chronic dropsies are due to some impediment to the free flow of the blood in

the veins. A growing tumor presses upon and obliterates a venous trunk; the calibre of a great vein is closed up as the result of inflammation; the action of the heart is weak and faltering, as in anæmia and chlorosis; some organ abundantly supplied with blood, as the lungs, the liver, the kidneys, &c., is condensed by deposition, or exudation, into its tissue, or by degeneration or structural alteration of some kind. In all these cases, dropsy is very apt, sooner or later, to occur. Obstruction to the flow of blood through the heart is in many instances complicated in the same manner. Valvular disease and alterations in the cavities of the heart are very prone to produce disease in the parts behind them. Thus, derangement of the aortic valves will induce hypertrophy and dilatation of the left ventricle. Disease of the mitral valve permitting regurgitation will at first embarass, and finally produce organic alteration in the auricle. The pulmonary veins, not being able to empty themselves freely, the lungs become congested, and the patient is troubled with cough and dyspnœa, and occasionally hæmoptysis. Then the pulmonary artery becomes overloaded, the right cavities of the heart enlarged, and the venæ cavæ prevented from discharging their blood in accustomed quantities into the right auricle. The capillaries in different parts of the body are loaded with blood. To obviate this condition, the serum of the blood leaks out into the areolar tissue, and we have œdema and anasarca. Now, in both our patients there is mitral disease. In the colored man, this disease is regurgitant, and perhaps obstructive; in the German, it appears to be regurgitant only. In both regurgitation and obstruction at the mitral orifice, the blood is prevented from passing readily from the left auricle into the ventricle, and the lung, becoming congested, will sooner or later produce dilatation of the right ventricle. Such dilatation generally, if not, indeed, always, precedes true cardiac dropsy. Dropsy occurring in a chronic case of cardiac disease becomes, therefore, a sign of dilatation. In our colored patient, the dropsy appears to have come on slowly, and to have been preceded by palpitation and dyspnœa. These facts, taken in conjunction with the patient's age, and the other phenomena first detailed to you, assure us positively that the dropsy is here of cardiac origin. I wish you to observe, however, that the ascites appears to be indirectly, rather than directly, due to the obstruction at the heart. The liver is enlarged, and this enlargement I am inclined to attribute to capillary congestion. But congestion of this great organ cannot exist to any extent without interfering with the portal circulation. Any obstruction to the flow of blood in the portal and hepatic system of veins will, sooner or later, bring about effusion into the peritoneal sac. Such appears to be the condition of affairs in this case. In the German, on the contrary, the dropsy appears to have been primarily of an acute or active form. It was not ushered in by dyspnœa and palpitation, but came on suddenly, in consequence of the cutaneous transpiration being checked abruptly by cold. Had the fluid which should have escaped by the skin been transferred to the mucous membrane of the bowels, or to the kidneys, there would have resulted in the one case watery diarrhœa, in the other, diuresis. It was directed, however, to the areolar tissue of the lower extremities, and these latter became dropsical. The exact relation of this primary dropsy to the heart, and the state of the heart at the time it occurred, though highly interesting in a diagnostic point of view, cannot now be satisfactorily ascertained. The patient gives us a very meagre history of his case. However, the general dropsy under which he is now laboring, is clearly and unmistakeably dependant upon the valvular disease of his heart. Now, in the treatment of these two very instructive cases, which so closely resemble each other, the first indication is to relieve the urgent and distressing symptoms produced by the accumulation of so much water in the great serous cavities of the body. We must get rid of the water first, and attend to the heart afterwards. With a view to promote active diuresis, let the German take three or four of the following pills daily:

℞ Pulv. Digitalis, ℈j.
Pulv. scillæ, ℈ij.
M. ft. mass. in pil. xx dividenda.

Let the same be given to the colored patient, with the addition of one grain of mass. hydrarg. to each pill.

Oct. 16th.—Sandy is passing urine very abundantly; has done so for the last three days. He complains of pain below the fourth left costal cartilage. The effusion into the pleural and peritoneal cavities is greatly diminished. The action of the heart is more regular, and he breathes with much less difficulty. His bowels have been moved quite freely two or three times. His mouth and breath show no signs of being affected by the mercurial. Treatment continued. The body of our German patient has also, as you clearly see, been drained of some of its superabundant and misplaced water. His thoracic and cardiac symptoms are not so distressing, and his pulse is fuller and stronger, notwithstanding that he has been taking digitalis. This increase in the fullness and strength of the heart is, in all probability, due to the removal of some of the dropsical fluid, which, by its pressure, has for so long a time embarassed and enfeebled the circulation.

Oct. 23d.—The quantity of water in the pleural

and peritoneal cavities of the colored patient is still on the decrease. The constitutional effect of the mercury is showing itself. The bowels appear to be making an effort to drain off some of the dropsical effusion. Acting upon this hint of nature, we will suspend the pills, and give him instead ʒj. of the pulv. jalapæ comp. every morning and night. Our German patient is still passing urine very freely. The dyspnœa and cardiac palpitation are both very much abated. The pills are beginning to sicken and disturb his stomach. Let him take a wine-glassful of the following, three or four times a day:

℞ Potass. acetat. ʒij.
Potass. bitartrat. ʒvj.
Aq. fluvial. Ojss. M.
Mist. ft.

Nov. 3d.—The German presents himself to-day, almost entirely relieved of his dropsy. The action of his heart is stronger and more regular. The blowing sound is very distinct. Altogether, he is very much improved. Let him have a nourishing meat diet, an occasional blister over the cardiac region, and the following:

℞ Tr. digitalis
Tr. ferri chloridi, āā fʒss. M.

Sig. Twenty drops for a dose, in a wine-glassful of water, three times a day.

The compound powder of jalap has had the desired effect upon the bowels of our colored patient. He passes large, watery stools every day, and says that his breathing is much better than it has been for a long time. Continue the powder.

Dec. 18th.—Sandy appears to-day, after an absence of more than a month. Having gotten rid of his dropsy by the free purgation which he underwent, and feeling every way so much relieved, he has neglected to pay us his usual weekly visits. He tells us that a couple of weeks ago his chest and belly began to fill again with water, and with this renewed effusion his former distressing symptoms are returning. His bowels are unusually confined. Let him have for the present one of the following powders every morning.

℞ Pulv. jalapæ comp., ʒvj.
Pulv. gambogiæ gr. xij. M.
ft. pulv. in chart. vi. dividenda.

These two cases are still under treatment.

☞An election by the Board of Managers of the Pennsylvania Hospital, for the office of Attending Physician, vacated by the resignation of Dr. W. Pepper, will take place on the 31st inst.

Reviews and Book Notices.

CONTRIBUTIONS TO OPERATIVE SURGERY AND SURGICAL PATHOLOGY. By J. M. CARNOCHAN, M. D., Professor of Surgery in the New York Medica College, Surgeon-in-Chief to the State Emigrants' Hospital, etc. With illustrations, drawn from nature. Philadelphia: Lindsay & Blackiston, 1858. Price, 75 cents.

This is the second part of the author's voluminous record of his own performances, containing a "Case of exsection of the entire ulna;—Remarks on neuralgia of the face, with a case;—Exsection of the trunk of the second branch of the fifth pair of nerves, beyond the ganglion of Meckel, for severe neuralgia of the face, with three cases," illustrated with four lithographic plates.

As a specimen of lithographic and typographic elegance, this quarto is a credit to its publishers, but why the contained matter should be spread over so much paper, except it be for the encouragement of those arts, no necessity is apparent. The same could have been made as intelligible, both in illustrations and letter-press, in much less space, and its acceptability and general diffusion among the profession thereby increased.

The work thus far is an accurate detail of certain operations by one of the most expert operators in this country, and having the merit of originality, will be well received as at least a record of some striking cases in American surgery.

Editorial.

THE "MEDICAL CENTRE" OF AMERICA.

A few years ago, some enthusiastic Alabamian wrote an elaborate essay, which was read before the medical society of that state, the object of which was, to prove that Mobile was adapted for, and destined to be a great centre of medical education, and time may vindicate the judgment of the essayist, as improbable as the thing appears now. Our Nashville contemporaries regard their beautiful little city as the medical hub of America, and they have really done much toward maintaining the correctness of their views. Richmond, also, is in the field with her claims, and Cincinnati, and Louisville, and St. Louis, all are contending for the golden apple. But our neighbor, New

York, grows quite nervous on the subject. She will have it that the best hospitals, the best college buildings, and the best teachers of medicine are to be found there, that New York is the "metropolis" of America, and that by consequence she ought to be, if she is not, the fountain head of medical education in this country.

But there is another and a more important light in which to view this matter. In the contention for numbers, are we not in danger of forgetting that quality rather than quantity ought to be the standard of measurement? That city should bear the palm as being the "medical centre," whose graduates take the highest rank among their peers. For our own city, we ask not so much for large classes, as we do for graduates who shall assert and maintain a superiority over the graduates of other schools, and we believe that the city whose graduates will carry such a reputation abroad with them, will present the strongest claims to be regarded as the medical centre of this country, in respect to numbers.

Let our strife be for the *honor* of medicine, rather than for the emoluments which flow from large classes and long catalogues of graduates. When the American Medical Association shall have adopted some such standard as was recommended in our last, by which the profession of the country may be judged, we may discover which city ought to be the "medical centre" of the western world. In the meantime let us all lay broad and deep the foundations of our claims.

HOMŒOPATHY IN COURT.

The following is from the Parisian correspondence of the New York Times, of a recent date. — "A great trial has just come off between the physicians of Paris and the class of healers who follow the system of Hahnemann. One of the latter sent a book to the *Union Médicale* to be reviewed. Dr. Gaillard, the reviewer, handled the book without gloves, characterizing the system of Hahnemann as laid down in his works, as charlatanism of the rankest kind, and its practitioners as either knaves or imbeciles. To this review, the author of the book, in the name of the combined homœopathists of Paris, responded by a suit for libel against Dr. Gaillard and the editor and publisher of the Journal. M. Emile Ollivier, the distinguished republican lawyer, and member of the present Corps Legislatif, defended the cause of the homœopathists; M. Andral, a son of the eminent Professor of the Faculty of Medicine, defended the physicians. The latter gained the cause, the suit having been discharged, with costs upon the homœopathists."

According to the aphorism that "the greater the truth, the greater the libel," the assertions of the reviewer were certainly libellous. It is a good sign to see a jury of the people of a quack-ridden community publicly condemning quackery, and endorsing as true, the charges of "knavery or imbecility," against it.

As a large portion of these pillet peddling "knaves or imbeciles," in this country, are of European importation, this showing of their appreciation at home may be beneficial to them.

But the history of medical delusions has ever shown that one form of delusion only yields its prominence before the public, when another pretender arises to eclipse it. Now that the hydropaths have drowned themselves out, or died hydrophobic, and the homœopaths are reducing themselves to an infinitesimal trituration, we begin to look wistfully for the rise of some new usurper with a train of "knaves and imbeciles," stalking mercilessly amidst disease and death, to gather lucre by pouring its potions into the gaping mouths of the credulous, and bewildering the ignorant with its mockery of science.

MORTALITY OF NEW YORK IN 1858.

Two weeks ago we published a statement of the mortality of Philadelphia during the past year. Below we copy from the *Ledger* of this city, an abstract of the vital statistics of New York for the past year:

"The mortality in New York last year reached the very large amount of 24,492 deaths, which, in a population of 700,000, is one death to every 29 of

the population. Among the deaths are nearly fifteen thousand children.

"The most fatal diseases among children are, as appears from the tables, infantile convulsions, of which 1,655 died, and cholera infantum, which carried off 1,503—the total mortality from the two diseases numbering 3,158, or about one-eighth of all the deaths during the year. But the most fatal on the long list of diseases is consumption, which alone swept off 3,194, while there were 1,167 deaths from inflammation of the lungs, and from diseases of the lungs, throat, &c.—6,543 altogether. After these, in numerical order and strength, we must class the diseases of the stomach, bowels and other digestive organs, which have added 6,015 to the bills of mortality. For the cause of the large number of deaths from that most fatal of all diseases, consumption, we must, to a certain extent, look to the reckless carelessness of our people in regard to the ordinary laws of health; and while this cause remains we may expect to see consumption occupying the first place on the bills of death. Perhaps no stronger proof can be presented of this recklessness—a recklessness which may, to a certain extent, be regarded as suicidal—than that afforded by the table showing the deaths from external causes. By reference to this table we find that of the whole number therein set down, 113 were caused by burns or scalds, 157 by drowning, 62 by fractures, 9 by rupture produced by falls, &c., and 20 by suffocation. There were no less than 77 cases of suicide, and of poison 18—accidental, it is presumed. Of deaths from intemperance, the number was 109, or fifteen less than the mortality from the same cause in the preceding twelve months. There were forty-six cases of murder, or killing, which is a little less than one every week. The whole mortality of the year shows an increase of 1,159 over that of 1857.

Periscope.

*Exophthalmia.**—In an excellent article on this subject in the *Charleston Medical Journal and Review*, Dr. C. E. Fleming, of Columbia, S. C., attributes the protrusion of the eye to a relaxed state of the muscles which hold the eye in position, dependent upon general *anæmia*, and thinks that rheumatism, in some form, is always an antecedent of the affection.

The generally pre-existent symptoms of six cases recently under his observation, were anæmia, functional disorder of the heart, with dilatation and bellows sound, hypertrophy of the thyroid gland, and in the female, dysmenorrhea.

In proof that atony of the muscles of the eye alone is the direct cause of the condition, he remarks the effect of division of the tendons of the internal and external recti, allowing the eye to bulge. That extruding pressure within the orbit from hypertrophy of tissue is not the cause, as such pressure would also be lateral, and act on the optic nerve, and impairment of vision would result. That it cannot be due to engorgement, because pressure on the front of the eye with the fingers will not usually replace it, and we would, beside, have evidence of a similar condition of the conjunctiva and the cellular tissue between the eye and the front of the orbit. That the protrusion cannot result from effusion into the ocular sheath, because in such case the freedom of motion of the eye would be restrained, and because exploratory puncture has failed to relieve it.

Why these particular muscles are more liable to lose their strength and tonicity from anæmia than any other, he is not able to explain.

To account for the eye not receding after the anæmia is relieved, and the tonicity of the recti muscles restored, he says: "The tissues round about the eye have become adapted to the abnormal position of this organ, and though tone may be restored to the muscles, and the blood enriched, the eye cannot return. And beside, the muscles may have suffered organic change, being lengthened to such an extent that the return and maintenance of the eye in position may be impossible. In the commencement of this affection, as the eye is protruded, the space left empty by the eye going forward is filled up by enlarged vessels, increase of adipose tissue, etc. These, though not in themselves sufficient to cause protrusion, may still exist, and prove an obstacle to the return of the eye."

In regard to treatment, he says, it "must be chiefly addressed to the anæmic condition of the system. The indication is evidently for tonics and chalybeates, to improve the character of the blood and the strength of the system. The hygienic measures proper for anæmia must be resorted to; exercise, carefully adapted to the strength of the patient, should be taken in the open air. No local application to the eye is necessary."

Indian Snake Weed, or "Fitzpatrickana," as an antidote to Venomous Bites.—This plant is reintroduced to the notice of the profession by Dr. J. B. McCaw, in an article in the *Virginia Medical Journal* of this month, accompanied with a lithographic drawing. It was first brought to the notice of the profession by Dr. J. C. Harris, of Wetumpka, Ala., in the *Southern Med. & Surg. Journal*, July, 1855, and was at that time believed to be identical with the *asclepias verticellata*. Its botanical character seems to be still undetermined, and it is thought that the want of attention to it, and confidence in it by the profession, is owing to confusion arising from that fact. The colored lithographic drawing is given for the purpose of its general identification. Dr. McCaw thinks that it is one of the *apocineæ*, or *asclepiadaciæ*.

* We observe that our author spells the word *exop*thalmia.—EDS. MED. & SURG. REP.

The plant is known to have been in use for a long period with the Indians, and very positive assertions are made in regard to its power of neutralizing the virus of the rattlesnake, viper, spider, etc., not only in the human subject, but in the inferior animals. It is said to be an "anodyne sudorific," and is administered in infusion of a few of the whole plants in a pint of water, or as a saturated tincture.

Hall's Ready Method.—Among the numerous articles upon this subject, and the cases which have been restored by it from apparent death, we find in the *N. O. Med. and Surg. Journ.* an account by Dr. H. Peake, of Arkadelphia, Ark., of the restoration of a man some *six times* after he had apparently died. The case seemed to be one of congestive fever, or perhaps, solar exhaustion, the attack being sudden, and death, to all appearances, quickly ensuing. The man finally recovered, and the result was undoubtedly entirely due to the continued employment of the "ready method." We are strongly convinced that this is equally applicable to many other cases where death has occurred suddenly, either from choking, congestion, or the effects of various poisons, and think it cannot be too widely known. We should consider that the physician had failed in his duty, when called to such cases, who would leave without its employment, even though some time had elapsed since the apparent death of the patient.

Malaria.—Treatment.—In the "*Transactions of the State Med. Society of California,*" under the above head, Dr. Ira E. Oatman, of Sacramento, gives the following remarks: "In simple intermittent, remittent, mountain, Panama or Isthmus fevers, if treated early, the quinia and morphia are all that is necessary, the fever and all the symptoms yielding to a few doses of 5 to 10 grains of the former and $\frac{1}{3}$ to $\frac{1}{4}$ of the latter, repeated at intervals of 4 hours. It should be persisted in until the pains, aching, fever, etc., are all gone, and then given for a few days at more remote intervals, leaving out the morphia."

Treatment of Boils.—The *Montreal Med Chronicle* says: "The following mixture, as an aperient tonic, is the one usually prescribed for patients suffering with boils:

℞. Magnes. sulph. ℥iij.
Ferri sulph. ℥ij.
Ac. sulph. dilut. f℥ss.

Diluted with infusion of quassia to a pint in quantity. Of this the dose is from 2 to 4 drachms, three times daily, taken in water. Locally each boil is touched with a glass brush dipped in the nitrate of mercury solution, and is subsequently dressed with an ointment containing a small proportion of the ammonio chloride, or some similar salt of mercury."

Puerperal Convulsions Treated with the Nettle.—Dr. Wm. Hauser, of Jefferson Co., Ga., mentions in the *Oglethorpe Med. and Surg. Jour.* a case of convulsions a short time prior to labor, in which he employed the cow nettle, (the urtica divica,) in the form of infusion. For this purpose he employed the balls of this plant, just then maturing, and it seems with complete success, the relief being almost immediate. The convulsions were very severe, the child, which was delivered a few hours after, being badly crushed. He had previously employed anodynes, antispasmodics, bleeding, &c. It is to be hoped that the call which he makes upon the profession to analyse the plant and ascertain its therapeutic value will not remain unanswered.

Medical News.

The Episcopal Hospital.—The Board of Managers of this excellent institution have resolved, on account of the large and increasing number of applicants at the Hospital, for relief as *out patients*, to bring into active service, for that duty, the Board of Assistant Physicians and Surgeons.

This Hospital, located in a neighborhood where it is needed, is relieving much suffering, and its still greater usefulness is only limited by want of means and accommodations for patients.

The wealthy influences controlling its affairs, should place the Hospital in a condition to enable the efficient medical staff to extend its benefits to a greater number of the afflicted.

The re-interment, beneath the new monument, of the remains of the Physicians and other volunteers who died whilst aiding the sufferers at Norfolk, in the summer of 1855, took place on Tuesday last, with appropriate ceremonies.

The Northern Medical Association.—The following Officers of the Northern Medical Association of Philadelphia, were elected at the stated meeting on the 14th inst.

President.—Dr. L. Curtis.

Vice-President.—Dr. J. R. Bryan.

Counsellors.—Drs. J. F. Lamb, L. P. Gebhard, D. M. Fort, W. Mayburry, A. M. Slocum.

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Delegates to the American Medical Association.—Drs. N. L. Hatfield, L. P. Gebhard, J. F. Lamb, J. H. Smaltz.

DR. BOZEMAN.—This gentleman, who has been in Europe for some time past has returned home. While abroad, he, on several occasions demonstrated to British and French Surgeons the mode of performing his modification of Sims' operation for vesico-vaginal fistula. In Great Britain he operated four times, viz: twice in London, on patients of Mr. Erichsen and Mr. I. Baker Brown, once in Edinburgh on a patient of Simpson's, and once in Glasgow, on a patient of Mr. Buchanan. In Paris, Dr. Bozeman operated twice, once on the cadaver in the presence of Nélaton, and once in the presence of Messrs. Nélaton, Robert, Verneuil, and an immense audience of surgeons and students, on a patient of M. Robert's, who had been twice before unsuccessfully operated upon. The operation was successful. These triumphs of American surgery abroad, are very gratifying.

MEDICATING THE AIR-PASSAGES.—M. Trousseau, who, it may be remembered, denied very positively the possibility of applying medicinal substances directly to the air-passages by means of the probang and sponge, as long since proposed by Dr. Horace Green of New York, has become convinced that it can be done, and is treating patients by such direct applications, by a method, however, a little different from that of Dr. Green, proposed by M. Loiseau of Paris, viz. through a canula introduced into the larynx, through which the medicinal substances are passed.

MALPRACTICE.—We see it stated that in the courts of Chicago, a Mr. Curran has recovered $15,000 from a Dr. Beach for alleged malpractice in amputating a limb. The amputation took place in 1852, and the testimony of the medical profession is represented to have been unanimous against the defendant.

"HYPOPHOSPHITOPATHY!"—This is the very appropriate term given by an exchange to the last phase of consumption-curing. We are always glad to see the medical profession ready to avail themselves of whatever promises to be useful in the treatment of disease, but to ride a vaunted hobby in the treatment of disease to the death, betrays a servility to the dicta of fashion-mongers that is more becoming the votaries of dress, than the practitioners of the healing art.

We have received a copy of the "*Introductory Lecture to the Clinical Course at the Philadelphia Hospital (Blockley)*, for 1858-9, by Robert K. Smith, M. D., Chief Resident Physician, etc." In allusion to the immensity of the Hospital, and its advantages for clinical instruction, Dr. Smith says—"Its buildings cover an area of more than twelve acres. The wards are divided into men's and women's — medical, surgical, venereal, eye and drunkards. There are extensive obstetrical wards and nurseries, a children's hospital, and outside the walls, a hospital for the reception of small-pox and ship fever cases. The number of beds for the sick is over one thousand, and the last six months' report shows that over three thousand nine hundred patients were treated."

CORRECTIONS. — In the report of the Western Clinical Infirmary in the REPORTER of the 8th inst., page 257, in line 6th from top, for "infusion" read "*effusion*." And in the 11th line, for "nerves of the sixth pair, read "*nerves of the seventh pair*."

In the same number, page 248, in Dr. H. D. Schmidt's card, it should have been stated that his course on Microscopic Anatomy comprises two *lessons* weekly, of two hours each. The classes are limited to three, but there is no limit to the number of classes.

Dr. THOMAS WILLIAMSON, a surgeon in the United States Navy, died at Portsmouth, Va., Jan. 13th, in the 68th year of his age. He was a native of Maryland, and entered the naval service 13th May, 1813, his present commission as a surgeon ranking with commanders, being dated from the same month in 1824. His sea service under his last commission exceeded eleven years. During a service of forty-four years and seven months he was unemployed only four years and nine months. His name is the fourth in the navy register in his grade. —*National Intelligencer.*

MARRIAGES.

EDWARDS—COOPER.—On the 11th inst., by the Rev. Dr. Spotswood, Dr. Lewis A. Edwards, U. S. A., to Elizabeth R., daughter of the late James Cooper, M. D , of New Castle, Del.

LAWRENCE—DIVER.—In Cedarville, N. J., Jan. 4th, by the Rev. James Boggs, the Rev. Charles F. Diver to Amanda, daughter of Dr. Leonard Lawrence, of Cedarville.

WEAVER—MAGUIRE.—In New York, on Sunday, Jan. 9th, Dr. F. Weaver to Miss H. V. Maguire, both of New York.

DEATHS.

STERNE.—On Sunday, January 2d, in New London, Conn., suddenly, Dr. William Sterne, aged 75, formerly a surgeon in the U. S. army.

BROCKENBROUGH.—on the 31st ult , at Tappahannock, Va., at an advanced age, after an illness of ten days, Dr. Austin Brockenbrough.

BUCK.—In Boston Mass., on the 2d inst., Ephraim Buck, M.D.

CHIVERS.—In Decatur, Ga., on the 19th of December, Thomas Holly Chivers, M.D.

NEWTON.—In Augusta, Ga., on the 6th instant, of tetanus, George M. Newton, M.D.

TANNER.—At Wheeling, Va., on the 26th ult,, James Tanner, M.D., mayor of that city, and for many years a prominent citizen thereof, but a native of Baltimore.

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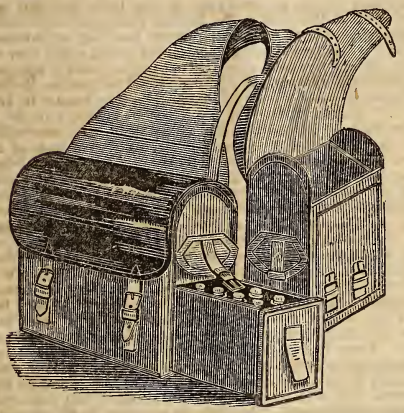

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REFERENCES.

George W. Norris, M. D., Surgeon to the Pennsylvania Hospital.
Henry H. Smith, M. D., Professor of Surgery, University of Pennsylvania.
H. L. Hodge, M. D., Professor of Obstetrics, University of Pennsylvania.
Samuel D. Gross, M. D., Professor of Surgery, Jefferson Medical College.
Joseph Pancoast, M. D., Professor of Anatomy, Jefferson Medical College.
S. Littell, M. D., Surgeon Will's Hospital.
E. Hartshorne, M. D., " "
A. Hewson, M. D., " "
D. Hayes Agnew, M. D., Surgeon to Philadelphia Hospital.
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THOMAS D. MUTTER,

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WHOLE SERIES, NO. 119. PHILADELPHIA, JANUARY 29, 1859. NEW SERIES, VOL. I. NO. 18.

Original Communications.

An Account of a Case of Cancer of the Rectum, with the post mortem appearances.

By Theodore A. Demme, M. D.

This case has been frequently alluded to in the Clinical Reports of the Pennsylvania Hospital, published in previous numbers of the Reporter, and a careful account of the symptoms given.

After enduring the most intense suffering, arising from the lancinating pain of cancer and the terrible misery of complete obstruction of the bowels, death released the patient.

In consequence of the inability to evacuate the bowels, a most enormous enlargement of the colon occurred: previous to his death the abdomen measured five feet in circumference. Upon making a longitudinal incision through the linea alba, and removing the weight of the abdominal wall, the colon, in consequence of its extreme distension, burst, one might almost say exploded.

The colon measured in its circumference from fifteen to eighteen inches.

To accommodate itself to the abdominal cavity, the colon formed a loop, extending from the lowest portion of the left iliac fossa to the right extremity of the liver (which was pushed upwards so as to encroach upon the thoracic cavity), and then back to the rectum; thus following the course of the long diameter of the abdomen, the anatomical distinctions of ascending and transverse colon no longer existing.

The coats of the bowel were reduced to the most extreme degree of tenuity.

We doubt if there is more than one case on record of greater distension of the bowel. In the 2d vol. of the Am. Journ. of Medical Sciences, there is the history of a case of cancer of the rectum, in which the colon measured 13½ inches in circumference.

Copland gives a short account of a patient who died from carcinomatous degeneration of the colon at the sigmoid flexure, in which the colon above "the seat of stricture was found to be about ten inches in diameter, extending as far as the cæcum."

This case has appeared to us of such interest and value that we have been induced to devote no little labor to the collecting and considering the following notes on cancer of the rectum.

Symptoms.—The prominent ones have been given in the reports of the above case; it may not, however, be amiss to recall these in the Tacitus language of Druitt.

"The earliest symptoms are uneasiness in the rectum, with a sense as if some fecal matter had lodged there; aching and pain in the back, hips and thighs, and irritation of the bladder. As the disease advances, the bowel becomes more or less obstructed; there is frequent discharge of a fetid muco-purulent matter, streaked with blood; and there is a most obstinate constipation, attended with enormous swelling of the abdomen, and sometimes with all the symptoms of strangulated hernia; but this may alternate with the most profuse and exhausting diarrhœa. This disease is to be distinguished by examination with the finger, or with the speculum, which will detect hardening or ulceration or fungating tumors blocking up the gut."

Lancinating pain in the course of the rectum, with constipation, particularly if accom-

panied by a waxy, cadaverous countenance, should always lead us to a rectal examination.

Frequency.—It seems to me that submucous cellular tissue is, in the vast majority of cases, the nidus for cancer germs. Those organs in which this tissue abounds are most undoubtedly the most frequently attacked, the mammæ, the uterus, the stomach. If this supposition is correct, we should anticipate that the rectum would be a frequent seat of cancer; but whether true or not, there is no doubt of its frequent occurrence in this vicinity. According to Walshe, out of 8289 deaths recorded in the Paris registers, 221 were cases of rectal cancer, "a proportion assigning it the fifth place among fatal cancerous diseases."

Sex.—Quain (Diseases of the Rectum) supposes the disease to be more frequent among females than males. This is not unlikely; for where the cancerous diathesis exists the operation of local causes may determine the seat of the local disease. In the female there are many more causes liable to irritate and injure the rectum than in man—sitting position, the compression during labor, piles, etc.

Kinds of Cancer.—The usual forms of cancer may seize upon the rectum. According to Rokitansky, the following are particularly remarkable.

1. Erectile tumors developed in the tissue of the mucous membrane, and infiltrated with medullary carcinoma.

2. Annular carcinoma and stricture of the rectum (consequent stricture?). It occurs almost exclusively at the upper portion of the rectum, and especially at the point at which the sigmoid flexure terminates in the rectum.

3. Scirrhous degeneration of the rectum over a large surface or throughout its entire extent. This primarily affects the submucous cellular tissue.

The latter was the form in our patient. This form usually commences about three inches above the verge of the anus.

As affecting the constitution, Cruveilhier believes that cancer of the rectum is mostly a local disease, not a constitutional one. This opinion admits of very, very great doubt If it is so, it would seem that both extremities of the digestive canal are apt to take on a form of *local* cancer, the epithelial cancer of the lip being sometimes apparently entirely a local affection.

Progress of the disease.—It seems to be generally admitted that rectal cancer is more rapid in its progress than is usually the case when cancer is elsewhere seated.

Secondary cancer seldom occurs during the progress of rectal cancer. Cruveilhier would in this find an argument, but it is most probable that the whole constitutional tendency throws itself upon the bowel.

The most distressing complications may occur from the disease extending to neighboring parts, particularly into the bladder or the vagina. When the former occurs in the male, according to all who have witnessed such cases, and as we, *à priori*, would expect, the sufferings are greatly increased, often become agonizing. Where ulceration, however, occurs into the vagina, great relief is often given to the patient in consequence of an exit being given to the feces.

Quain reports a case where ulceration occurred through the bowel, the contents of which forced their way among the intestines, causing peritonitis and consequent death; also a case of rupture of the cœcum.

Cause of the retention of the feces.—This has given rise to much discussion; for there have been cases of complete retention in which the cancerous mass by no means completely closed the passage. Some have explained this by supposing a paralysis of the muscular fibres above the diseased mass. This is but an assumption. Others that there is a spasmodic stricture of the bowel; but spasmodic strictures are not of months duration. And others, that during life there may be a complete organic stricture, when after death the bowel may be still permeable. The fact that the bougie can be often passed even where there is a complete retention of the feces, proves the fallacy of this argument.

To us the retention in these cases seems to arise from the same cause that retention of the urine occurs when there is any painful affec-

tion of the urethra. The urine in nephritis, is sometimes retained in consequence of the patient's dread of the pain in making water, until the bladder is in danger of rupturing.

The voiding of the urine and of the feces are principally automatic, under the control of the ganglionic system; but the ganglionic system, in the control of the evacuating organs, is to a certain extent under the control of the reflex action of the spinal marrow, which latter is to a great degree under the control of the cerebellum.

When, in the case of cancer of the rectum, the involuntary contraction of the muscular coat of the bowel occurs, the feces coming in contact with the ulcerated surface of the cancer, causes such agony that the cerebellum, through the spinal marrow, checks the movement.

A proof of this view is afforded by the fact, that under the influence of ether, the bowels are often involuntarily moved, the brain is obtunded, whilst the ganglionic nerve centres exercise full sway.

We had anticipated making some remarks on the treatment of rectal cancer, but want of space for the present forbids us.

On Tuberculosis and its Treatment.

By Geo. J. Ziegler, M. D.,

Physician to the Home for Invalids with Diseases of the Chest, Philadelphia.

In consequence of the general belief in the incurability of tuberculosis, attention has been hitherto, and is still, too greatly concentrated upon its mere palliative treatment. Since, however, more extensive and accurate investigation into the nature and history of this affection has shown that recoveries take place spontaneously, as well as under medication, and that a large proportion of those who died after a certain age, had been at some period of life afflicted with, and yet had recovered from this disorder, and died of other diseases,* curative treatment has been more freely attempted, and with very gratifying success.

So much evidence has thus been presented in proof of the curability of the tuberculous affection, that it has caused a more general recognition of the fact, and some of the more conservative pathologists and therapeutists now bear testimony in its favor. The celebrated Rokitansky, one of the first pathologists of the age, affirms, in the following unequivocal language, that "tuberculous pulmonary consumption is unquestionably curable."*

Much therapeutical evidence to the same effect might also be brought forward from writers on practical medicine, some of whom speak from a sad personal experience, but most of whom testify from a personal knowledge of its resolution, usually with, but sometimes even without medication. It is not, however, the intention of this paper to thus detail all the evidence in support of the statements made, or opinions expressed in its pages, as that would unduly extend its limits, and, besides, impair its special character. It will, therefore, be necessary to refer those interested in these questions to the current medical literature on the subject.

After the preceding, it is scarcely necessary to aver my own belief in the curability of the tuberculous affection. This belief is founded upon both personal and professional experience. My own life having been seriously threatened by this disease—indeed, my condition was considered so precarious at one time as to offer very little probability of recovery. I have also seen cases of both recent and advanced phthisis recover; at least, they presented the usual characteristics of that disease, and were so strongly marked as to force my mind to the acknowledgement of their tuberculous nature. The principles upon which they were treated will be detailed in the following pages. I am, therefore, firmly con-

* The following note will exhibit some of the evidence in support of this statement: "The more recent researches of Rogée and Boudet, in Paris, and I. Hughes Bennet, in Edinburg, have shown, from the indiscriminate examinations in large hospitals, that puckerings, cicatrices, cretaceous concretions, and other evidences of former tubercles in the lungs, occur in at least one-third of all the individuals who die after the age of forty in this climate."—1 Braithwaite's Retrospect, Am. ed. xli, 141; from Monthly Journal, Oct., 1847, p. 264; Wood's Practice, 3d ed., vol. ii, p. 89.

* Rokitansky, 1st Am. ed, vol. iii, p. 95.

vinced of the curability of this disease, and seriously believe that a very large number of those afflicted with it might be saved from destruction by a judicious course of hygienic and medicinal treatment.

The following case will exhibit the rapidity with which the phthisical disease will sometimes undergo resolution, especially in the earlier stages. G. P., at thirty—tailor by trade, came into the "Home" April 28th, 1857. Had been ill for about six months. This illness was brought on by exposure, and commenced with pulmonary derangement. Has been partially disabled during that time, but has not been able to work at all the last two months, in consequence partly of his cough, etc., but mainly from what he called a carbuncle on his abdomen, during the activity of which his pulmonary symptoms diminished, but increased again on its subsidence. The physical signs indicate partial consolidation of the upper part of both lungs, but particularly the right. Is troubled with a constant tickling cough, but has little expectoration. Has pleurodynia of left side. Had an attack of hœmoptysis about three months since. His tongue is slightly coated, digestion impaired, bowels torpid, general nutrition defective, and strength moderate. The pulse is 100, and the finger-nails slightly incurvated. Under a general tonico-alterative treatment he rapidly improved. This improvement was, however, abruptly broken in upon by another attack of hœmoptysis, brought on apparently by over exertion in walking, though probably partly dependent upon a sudden diminution of temperature in the atmosphere, and other causes. The hemmorrhage, however, was quite moderate, and easily checked. The general harmony of the system was soon restored, and he again steadily improved. His cough, though increased temporarily by the hœmorrhagic disturbance, gradually subsided, and finally entirely disappeared; his appetite returned, nutrition improved, and he recovered his general strength. The only evidence remaining of the pulmonary disorder was prolonged expiration, and slight dullness at the upper part of one lung. He considered himself perfectly well, and went out to business on the 2d of June, (having been in the house a little over five weeks,) and shortly afterwards married. This improvement in his health continued so long as he remained under observation, which was about six months.

In view, then, of the positive knowledge thus afforded of the occasional resolution of the tuberculous disease by the *vis medicatrix*, alone, as well as its somewhat frequent removal by the aid of medication, surely it is not unphilosophical to assume that by the judicious assistance of nature by art, greater certainty and success may be attained, and recovery be promoted, even in cases which have usually been considered, and in reality seem to be beyond the reach of remedial influences. This view, though apparently extreme, does not seem altogether improbable of realization, when we consider the immense advance which has already been made in therapeutics, in the amelioration and cure of many of those morbid conditions formerly thought irremediable. Besides our present knowledge teaches that the reparative and compensative laws of life are frequently very actively operative, and sometimes so wonderfully so, as to tax the credulity of the human mind. Moreover, in medicine, as in every other department of life, the effort should be in proportion to the difficulty, therefore the greater the difficulty, the greater should be the effort to overcome it. Hence, professional duty as well as pride should stimulate to persistent exertions in the acquisition of that knowledge so essential to the prevention and removal of disease, without regard to its apparent incurability, as the progress of science is constantly exhibiting the fact that what appears impossible at one time, is accomplished and becomes a reality at another. Therapeutists should, therefore, be ever active in the effort to discover and apply those means which best promote the removal of disease and the restoration of health. They should never be discouraged because of the apparently hopeless character of the disorder, as the knowledge of pathology and therapeutics is still too limited to predicate with absolute certainty of the impossibility of subju-

gating even the most intracticable and virulent affections.

While it is thus seen that tuberculosis is curable, and curable in all its stages, it does not necessarily follow that it must be so in all cases. Neither does it prove that the pulmonary tissue is ever restored after it is once destroyed, though it is not improbable that a partial reproduction of pulmonary parenchyma, or even the development of a vicarious tissue may sometimes take place in man, as it is said to do in the sheep, in accordance with the law for the regeneration of organic structure, which is so actively operative in the reproduction of some of the tissues of the human organism, and of all kinds in the lower forms of life. But, independent of this possible regeneration of pulmonary parenchyma, it is well known that a compensatory action often takes place in the enlargement of the unaffected air-cells, or in the increased activity of the remaining healthy tissue, which more or less perfectly makes up for the ruined structure, enables the organism to secure its due quantum of air, restore its nutritive and depurative equilibrium, preserve its vital integrity, and perform all its functions, at least to such an extent as not to materially interfere with the common and most useful purposes, or the usual prolongation of life.

The degree of the curability of tuberculosis is necessarily dependent upon the peculiarities of the organism affected, the type and intensity of the general dyscrasia, the character and extent of the part involved, quantity and degeneration of the tuberculous matter, nature and degree of the complications, and other controlling circumstances.

The treatment of tuberculosis must therefore, be founded upon both the natural history of the organism and the disease itself, and be modified to meet the special indications presented by the age, sex, temperament, idiosyncrasies, habits, predisposition, type, stage, intensity, and localization of the disease, part affected, extent and character of the derangement, complications, etc.

Much time and labor have been expended in search of specifics for the cure of this disease, and though these efforts have not been rewarded with success, yet a vast amount of useful knowledge has thus been acquired. It is not, however, probable that any very great advance will be made in this direction, except perhaps in the earlier stages, as the complicated nature of the affection itself renders it very improbable that any single remedy will be able to meet all the indications in all stages of the disease. Attention should, therefore, be more particularly concentrated upon those general principles involved in the treatment of all other adynamic affections, and those measures so essential to the preservation and restoration of health, with a view to their special application to the disease in question.

In the effort to thus determine the only correct treatment it will be necessary in the outset, to take enlarged and comprehensive views of the nature of the course, and the character of the remedies required. To obtain clearer conceptions of the truth, it will, however, be requisite beforehand, to discard many of the present ultra notions, which too often lead to false conclusions, and inefficient if not absolutely destructive practice.

The therapeutic course then, which seems to be most in accordance with good sense and sound medical philosophy, is that comprising a totality of all salutary measures and appropriate medicinal agents. A judicious combination and application of all useful hygienic and medicinal means therefore, promises the best results.

The special character of this course must necessarily, however, be influenced by the views taken of the pathology of the disease in question, and as it is here regarded as essentially and from its very incipiency both adynamic and atrophic in nature, it will be directed accordingly.

Viewing it therefore in this light, and considering the subject in all its relations, we are inductively led to certain conclusions respecting its treatment, and as these are supported by observation and experience as well as by reflection, greater confidence is felt in their correctness. In accordance with these conclusions the general indications call for an in-

vigorating and supporting without an actively disturbing course of treatment, in short it should be *conservative, corroborant,* and *non-perturbative.*

Illustrations of Hospital Practice.

PHILADELPHIA HOSPITAL.

Service of Dr. D. Hayes Agnew.

Reported by Thomas L. Taylor, M. D.*

Paralysis of the lower extremities.—A man was presented who had very little use of the inferior extremities: sensibility but little affected. A short time previous he had received a fall, striking on the buttock — was, however, immediately after the occurrence, able to walk. The case is one of paralysis due to concussion of the spinal marrow. The consequence of such violence may be inflammation of the membranes, with or without effusion; inflammation of the cord itself, and even effusion of blood from lesion of blood vessels. The treatment we would suggest in the present instance is cupping over the loins, to be followed by counter irritation, and perfect rest. If benefit does not follow in a reasonable time, we shall apply the actual cautery at two or three points along the spine, and exhibit alterative doses of the protiodide of mercury, with a view to effect the absorption of such inflammatory products as may produce compression of the spinal nerves.

Condyloma.—A man having several excrescences a little removed from the verge of the anus, the result of syphilis, was next exhibited. They are often seen on the mucous surface of the genital organs, and consist of strata of epithelial cells, with new formations of fibrous tissue. They may be removed very readily by clipping off, and touching the surface with caustic, or by coating over repeatedly with collodion, or by frequent application of the following:—

℞ Tannic acid, grs. xxx.
Glycerine f℥ii.

Or, again, by painting with chromic acid. The last was ordered to be used.†

Injury to the Ankle and Wrist Joints.—The patient, an intemperate man, twelve weeks ago received a fall, twisting the ankle, and striking the wrist. The parts about both articulations are very much swollen and painful. The constitution has sympathized with the local violence, and he has a frequent pulse, foul tongue, and headache. The amount of deformity present does not indicate luxation. There is marked crepitation, and might be mistaken for fracture; yet, considered more attentively, it will be found to be a more moist sound than that arising from fragments of bone, and, no doubt, to be referred to the synovial sheaths of the tendons of the muscles about the joint. The swelling here is partly in the subcutaneous tissue, the parts being slightly œdematous, and partly within the articulation. It is just such cases which, neglected, often end in anchylosis. First in importance in the management of this case is rest, without which nothing can be accomplished. Leeches may be applied, followed by anodyne lotions, as tinct. opii, or, chloroform 2 parts, ether 1 part, applied by moistening flannel or lint, and covering accurately with oiled silk. If swelling and induration persistently remain, blister, and subsequently apply iodine, covering up the parts with a Burgundy pitch plaster.

Entropion.—This man is brought forward to exhibit the result of the operation performed at a former clinic. The cure is perfect.

Another case of the same disease was presented, on which an operation similar to the one above reported, was performed.

Ulceration of a Stump.—The man had, several months before, had his limb amputated below the knee by the flap operation. The integuments over the tibia have ulcerated. This sometimes occurs, especially after this mode of operation, in consequence of the weight of the muscular mass forming the posterior flap, though it may also follow the old circular method, when not sufficient integument is preserved, the tibia being subcutaneous. If allowed to remain in its present condition, a long time will elapse before the source of irration is gotten rid of, and therefore, it is better at once to remove the offending cause. This was done by making a vertical incision of the soft parts, pressing them well back from the bone, and sawing off the extremity. The parts were then brought together, and maintained in position by adhesive strips. The patient was placed under the influence of ether before the operation.

Division of the Tendo Achillis.—The patient had been admitted into the house a short time since. While residing in North Carolina, a car passed

* We are also indebted to Dr. Taylor for the reports from this hospital which have been already published in the REPORTER.—EDITORS.

† This man was exhibited in a few days after, with the excrescences almost entirely gone, under the use of chromic acid.

over the foot, crushing it in such a manner as to demand an operation through the tarsus, removing all the bones save the astragalus and calcaneum. Such a procedure necessarily cuts away those tendinous attachments in front which antagonize the tendo Achillis, and the stump is turned down as the heel is drawn up. As a consequence, the stump is ulcerated. The only thing to be done is the division of this tendon, and the subsequent bringing down of the heel. With this view, the foot was extended, a tenotome was passed obliquely beneath the skin, and turned upon the tendon; then, forcibly flexing the tarsus on the leg, the division was accomplished, the knife removed, taking care not to admit the air, and the trifling wound covered by an adhesive strip. In dividing this tendon, care is to be observed not to wound the posterior tibial blood vessel. The subsequent treatment is important. After the operation, the cut ends should be allowed to remain without being separated, for four or five days, until the plastic exudation shall link them together. Then you are to commence bringing down the heel, stretching or elongating this uniting bond, by degrees, and keeping the limb in the required posture by appropriate apparatus.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

SATURDAY, JAN. 15.

Service of Dr. Henry H. Smith.

Reduction of an Anterior Luxation of the Humerus of Three Weeks Standing, by Manipulation only.—A laboring man of athletic frame presented a luxation of the right shoulder joint, of three weeks standing. The head of the humerus occupied a position beneath the pectoral muscle. Dr. Smith said that the *symptoms* of the luxation of the head of the bone forward were well marked in the present case; the great flattening of the shoulder, which had quite lost its natural rotundity, the possibility of hooking the finger in beneath the acromion process, the prominence of the head of the bone under the pectoralis major, and the position of the arm, which hangs off from the side, to which the elbow cannot readily be approximated, would all indicate, even on superficial examination, the character of the injury.

Yet the nature of the accident had not been recognized, and hence no attempts had been made at the reduction.

The length of time which had elapsed might constitute a difficulty, however, as the head of the bone had perhaps contracted adhesions in its new position, and the organization of the lymph exuded in consequence of the injury, might also have obliterated more or less the rent in the capsular ligament through which the head of the bone had escaped.

In explaining the proposed plan of treatment, Dr. Smith said it had long been known that the chief difficulty in the reduction of many luxations was owing to the fact that in the new position into which the displaced bone was thrown, certain muscles were put upon the stretch, and by this permanent contraction interfered seriously with the reduction. Accordingly, surgeons had from time to time expressed the opinion that the reduction might be facilitated, and the degree of force required, diminished, by putting the limb in such a position as would relax as much as possible those muscles which were put upon the stretch.

This possibility had been made the subject of systematic study by Dr. Reid, of Rochester, who had obtained most encouraging success, especially in the case of luxations of the femur. Since the publication of Dr. Reid's observations, attention had been again drawn to the subject of position, rotation, circumduction, &c., as a means of reduction, and many surgeons have had an opportunity of noting the value of this plan of treatment. In fact, it might be stated as a general proposition, that any luxation capable of being reduced at all could be readily reduced by proper *manipulation*, without the exercise of more force than the hands of the surgeon could readily exert.

Dr. Smith said that he had himself had a number of opportunities of testing the correctness of this statement, and had, indeed, at the clinic of the University during the previous winter, reduced, by this process, a luxation of the femur and one of the humerus, both of several weeks standing. In the luxations of the humerus, he had shown that proper manipulation alone would reduce all the luxations of this bone as readily as the plan of Dr. Reid did those of the femur, and after proving the result had called professional attention to the proper course of proceeding in a detailed account published in the "*American Journal of the Medical Sciences* for April, 1858."

This suggestion Dr. Smith believed to be a valuable one, and he desired, therefore, to impress his views in reference to it upon the class.

If the old method of treating these cures was remembered, the ropes, the pulleys, extending and counter-extending bands, and all the ghastly apparatus formerly necessary, it would be quite evident that this substitution of a dexterity, based upon correct anatomical knowledge, for the sheer brute force which characterized the proceedings formerly resorted to, was a valuable improvement in surgery.

The following plan for effecting the reduction was that which had been proposed and practiced for some time by Dr. Smith. The patient should be first

fully etherized, so as to be thrown into a state of *complete muscular* relaxation, though the reduction was possible without anaesthetics.

When anæsthesia was induced, the arm should be carried off from the body, and then rotated by using the forearm as a lever, so as to *throw the head of the humerus into the axilla.*

In the present case, unless unnatural adhesions of considerable strength had formed, this, he thought, would readily be accomplished, and the operation was at once commenced by elevating the arm and carrying it off from the body, steadily but firmly, for the purpose of relaxing the *supra spinatus muscle*, which in this luxation is that put most upon the stretch, and which was promptly relaxed by the maneuvre, being now flexed. The forearm, at a right angle to the arm, was then used as a lever, by causing the hand to describe a semi-circle downwards and forwards, when, as the arm was carried down to the side, the fore-arm motion was quickly reversed, the scapula being steadied by an assistant.

This being promptly done, the luxation was readily reduced, in less time than it has taken to describe the proceeding. We have twice seen this done by Dr. Smith, with great ease and perfect success, and think it will supplant the old plan of extension.

Plastic operation for the Restoration of the Cheek.—A lad, eleven years old, from Virginia, presented a well marked deformity on the left side of the face. After an attack of typhoid fever, the muscles and integuments of the cheek had sloughed, and the bones of the side of the face became diseased, pieces of them coming away from time to time. The ulcer thus made had finally healed; the edges of the skin becoming adherent to the gums, and the lower jaw being firmly anchylosed in such a position that the incisors of the upper and lower jaws were little over quarter of an inch apart. The cheek being completely destroyed, left the cavity of the mouth quite exposed on the left side, so much so that the saliva flowed out.

After some remarks upon plastic operations generally, and upon the peculiarities presented in this case, Dr. Smith explained his plan of treatment in this case, and proceeded to attempt to overcome the anchylosis of the jaw. The patient being etherized, Barton's dilator for the lower jaw was introduced between the teeth, and considerable force obtained by the turns of the screw; but after every justifiable effort had been employed, it was found that the anchylosis was too perfect to be thus overcome.

Dr. Smith then proceeded to dissect the edges of the integuments free from the gums to which they were adherent, when, finding that a pry between the jaws could not overcome the anchylosis, the edges of the opening in the cheek were brought together by a genio-plastic operation in the following manner. An incision being made, starting at the posterior point of the gap just in front of the ear, and running obliquely downwards upon the neck, the triangular flap marked out by the lower border of the gap and this incision, were dissected free from subjacent parts. An incision was next made, starting half an inch below the inner canthus of the eye, and running obliquely outwards and downwards to the edge of the gap. The flaps on each side of this incision were also dissected free, then the posterior angle of the lower flap was carried upwards and forwards, and made fast in the angle between the two flaps made by the second incision, when it became easy to approximate all the edges with hare-lip pins, in the usual manner.

The sutures having been supported with adhesive strips, the lad was carried to bed, and ordered to lie on the right side, to prevent the saliva from interfering with union by gravitating upon the wound. Forty-eight hours after the operation the patient was doing well, and has an excellent prospect of recovery.

WEDNESDAY, JAN. 19.

Otorrhœa.—A child, about two years old, had for three months suffered from a purulent discharge from the ear, which is generally designated as *otorrhœa.*

Otorrhœa might be a very simple affection, involving merely the mucous membrane of the external auditory meatus. The discharge, or flow, from the internal ear through a ruptured membrana tympani, is purulent in its character, quite offensive, and indicated the existence of an inflammation, due perhaps to want of cleanliness. Otorrhœa might also result from various other causes, such as the presence of foreign bodies in the meatus, exposure to cold, etc., etc. Its effects, also, are various. The discharge may irritate the skin of the parts with which it comes in contact, producing excoriation, or even eczema, or, in some cases, induce thickening of the membrana tympani, and more or less deafness.

There is another form of otorrhœa, which is much more formidable. This variety is the result of inflammation of the mucous membrane of the middle ear, (the cavity of the tympanum,) and very often it ensues in consequence of an inflammation of the throat, especially that attendant on scarlet fever, being transmitted to the ear through the Eustachian tube.

When the inflammation of the mucous membrane of the tympanum terminates in suppuration, the pus accumulating may rupture the membrana

tympani and escape externally. If the disease continues, more serious consequences ensue, caries or necrosis of the little bones of the ear, with their escape from the ear, and a loss of hearing more or less complete, resulting.

The present case was one of *external* otorrhœa, and the disease had as yet only slightly affected the child's hearing. A simple astringent wash, consisting of two grains of acetate of lead to the ounce of water, was directed to be thrown into the ear daily with a syringe, and the future treatment left for subsequent observation.

Deafness.—A young woman had suffered from deafness in her right ear for a number of years. Dr. Smith, after demonstrating the anatomy of the ear upon a large model, showed very satisfactorily that deafness might readily be judiciously treated, if the general character of the structure of the ear was thoroughly studied. Deafness, it was said, might result from a number of causes. One of these, inflammation and thickening of the membrana tympani from external otitis, had been already mentioned in connection with the last case. Another and common cause of deafness is due to internal otorrhœa, or sometimes an internal otitis or inflammation of the middle ear, which did *not* go on to suppuration; but is produced by the organization of exuded lymph, thickening of the membrana tympani, and of the mucous membrane of the tympanic cavity. Deafness may also result from closure of the Eustachian tube, though this, Dr. Smith said he regarded as a very *rare* affection, after an extended experience in these disorders. Nervous deafness, or deafness in consequence of disease in the auditory nerve, or the nervous centre from which it proceeds, are also very rare, though formerly considered so common. It can readily be distinguished from deafness due to otitis by the fact, that in otitis the patient can usually detect the ticking of a watch placed against the mastoid cells, which cannot be done in nervous deafness.

This test having been applied to the present case, it was shown that hearing existed at the distance of one inch from the ear on the affected side, and eighteen inches on the opposite side. In order to judge of the source of the deafness it was necessary to wash out the ear, which could only be properly done by holding a cup close beneath and against the mastoid cells and side of the neck, and then throwing in from a *four-ounce* syringe 20 or 30 syringes full of tepid water, the external ear being drawn upwards and forwards at each syringe full, so as to straighten the external auditory canal. By these means, not only would hardened wax, etc., be removed from the canal, but foreign bodies be driven out by the return stream, as suggested by Dr. Marion Sims, the shape of the canal favoring their exit, and the membrana tympani creating the return stream. After thorough cleansing, a strong ray of sunlight should be thrown upon the membrane of the tympanum, and its transparency, congestion, perforation, etc., noted; or the light might be applied by an ingeniously arranged lamp and speculum, when the sun's rays were not accessible. After explaining the principles adapted to thickening and chronic inflammation, Dr. Smith directed counter-irritation behind the ear, salt foot-baths, gentle long-continued purging, occasional stimulation of the membrane by solut. argent. nitrat. 6 gr. to ounce of rose water, applied with a camel's hair pencil, and perseverance in such a treatment as would generally tend to relieve chronic conjunctivitis.

Stone in the bladder.—A boy was brought before the class laboring under the rational symptoms of stone in the bladder. Having etherized him, Dr. Smith introduced a sound and felt the stone. A sounding board was then clamped upon the sound as on former occasions in other cases, and the click of the instrument against the stone was distinctly heard over the whole lecture-room. This case will probably be operated upon at an early period.

HOSPITAL OF THE JEFFERSON MEDICAL COLLEGE.

Service of Dr. Dunglison.

WEDNESDAY, JAN. 19.

Dropsy and Polyuria—Tests for Diabetic Urine.—The case of dropsy and polyuria reported on pages 291 and 292, was again brought forward, in order to mention in detail, the tests employed to detect the presence of sugar in the urine.

1. *Trommer's Test.*—To the suspected urine add enough of a solution of sulphate of copper to produce a faint blue tint. A slight deposit of phosphate of copper generally falls. Liquor of potassa must then be added in excess; a precipitate of hydrated oxide of copper is thrown down, which redissolved in the excess of alkali, if sugar be present, forming a blue solution like ammoniuret of copper. On gently heating the mixture to ebullition, a deposit of red sub-oxide of copper falls, if sugar be present.

2. *Moore's Test*—Which consists in placing in a test-tube, about two drachms of the suspected urine, and adding nearly half its bulk of liquor potassæ. The whole is heated over a spirit lamp, and actual ebullition is allowed to continue for a moment. The previously pale urine will become of an orange brown tint, according to the proportion of sugar present.

3. *Fermentation*, which consists in adding a portion of yeast to the urine. If saccharine matter be present, fermentation will ensue with a copious production of torulæ.

All the tests failed in this case, to determine the presence of the saccharine matter in the urine. The history of a case under the care of Dr. M. W. Asch, one of the clinical aids, was detailed by way of contrast, to exhibit the satisfactory results of the tests above given, the presence of sugar being decisively determined by the first two tests, the results of which were exhibited. The quantity passed by her in the course of the day amounted at one time to twelve or fifteen quarts. The urine was found to be almost a syrup on evaporation, leaving white spots if falling on a dark surface. By the use of animal diet, opiates at night, and nitro-muriatic acid taken three times daily, her general health improved, and the quantity of urine passed was diminished to three and a half quarts daily.

The lecturer spoke of the greater prevalence of diabetes among males, according to his experience. Change from the diet which he has been accustomed to is advantageous, whether it be animal or vegetable. The quantity of sugar passed in glycosuria is greatly disproportionate to the amount of food taken, so that it must be formed at the expense of the system. Diabetes mellitus is therefore a disease difficult to treat, and may be truly called a consumption of the general system, of less unfavorable prognosis than the disease which so frequently receives, in the abstract, the name of consumption. Circumstances may occur, however, to render the prognosis of special cases more favorable.

Saturday, Jan. 22.

Arthritic Cachexia.—George S., aged thirty-five, a saddler by trade, has had swelling and aching pain in the joints for about six years, with at times redness of the surface. He had gonorrhœa about eight years ago, but has never had syphilitic disease. The affection he now suffers under, can hardly be assigned to the acute or chronic forms of rheumatism, being rather of a subacute character. A division is needed in the arrangements of diseases in the books, which will include cases that do not really belong either to gout or rheumatism, but to a distinct arthritic cachexia. In such cases, redness of an erysipelatoid character exists over the joints affected, which frequently seems to threaten a gangrenous condition. The agents found most beneficial in such cases are those which are calculated to improve the general system of nutrition. This has very much the appearance of such arthritic cachexia. His general aspect indicates that the whole system is implicated in the morbid affection. Animal food and change of diet are recommended, as well as the employment of oleaginous matters, such as the oleum cetaceum or oleum morrhuæ, taken in boiled milk or coffee. Friction with a coarse towel must be made over the joints. Permanent relief cannot be promised the patient; at all events, time is an essential element in the cure.

Tuberculosis with Aphonia.—George McV., aged twenty-two, has been hoarse for about twelve months, and last March coughed up about a table spoonful of florid blood. Aphonia exists so that he cannot speak above a whisper. Generally, this symptom is of secondary importance, pulmonary difficulty co-existing in a large number of cases. His throat does not look very sore, but there is slight follicular pharyngitis. He had no diurnal fever, but has night-sweats, not however, to any extent. Hæmoptysis, alone, is not a symptom of serious consequence, but when caused by tuberculous depositions, it assumes the importance of a grave symptom. A difference of views has existed amongst pathologists in regard to its cause, and two theories have been maintained. One is, that the hemorrhage occurs through simple diapedesis, the cohesion of the walls of the vessels being so altered as to allow the blood to pass through the pores. The other, and probably the correct view, is that rhexis or rupture of vessels takes place.

On examining the chest, the right side was found to rise less than the left, showing that the air enters the left lung better than the right. The voice is nearly gone, so that we can learn nothing by bronchophony. Dullness on percussion exists on the right side, at the top of the lung, as well as interrupted or jerking respiration, (*respiration saccodée* of the French.) The case—one of tuberculosis pulmonum—must be treated by agents adapted for modifying the action of the system of nutrition, as oleaginous matters, and by counter irritation over the right side with the unguentum antimonii. Tinctura opii camphorata may be given, if necessary, to relieve cough, along with the ordinary *hausmittel* prescribed in such cases in this clinic, which is made by stewing together equal portions of butter, molasses and vinegar, a compound which contains the oleaginous and saccharine ingredients which form the staple of most of our cough preparations made in the shop of the apothecary.

Heat and Eruption of the Face.—Margaret G., aged thirty-four, has flushing of heat and an eruption on the face, which is not sufficiently manifest to be diagnosticated, but as the general health is otherwise good, the bowels, which have not been regular for some time, must be attended to. A cheap and convenient combination may be made as follows, the cathartic agency of sulphate of magnesia and cream of tartar being combined with the tonic influence of

sulphate of iron. It will be prescribed in the clinic under the name "Ferro-saline:"

℞. Magnes. sulph. ℥j.
Potass. bitart. ℥j.
Ferri sulph. gr. x. M.

To be put into a quart of water, a wineglass full being taken every morning. This ferro-saline mixture is a kind of artificial Cheltenham water.

WEDNESDAY, JAN. 12.

Service of Dr. Pancoast.

False Cartilage in the Wrist Joint.—A case presenting itself with disease about the wrist joint, opportunity was again afforded to describe the anatomy of the bursal and synovial membranes of the joints, and to detail some of the diseases which are likely to occur in this vicinity. When dropsical effusions exist, the disease is called hygroma. Little foreign bodies are sometimes found in the joints, as in the knee-joint, having their origin in disease of the cellular tissue, the synovial membrane being pushed in, and the pedicle broken off. But at times we find a hundred or two small foreign bodies in the bursa, which do not have such an origin. These must be removed by a valvular opening, the skin, superficial fascia, and sheath of the tendon being divided. The synovial bag bulges out, and, being opened far down on one side, the bag drops over on the ulnar side of the arm, and the ingress of air is thus prevented. A large number of foreign bodies—false cartilages—were removed. The cavity must not be closed up by a seton, for fear of violent inflammation supervening, rendering the loss of the hand probable. Even the introduction of lint will sometimes be followed by severe inflammation. The hand and arm must be placed in a carved splint, and the sides of the cavity forced together by compression, without the introduction of any foreign body into the wound.

Fibrous Tumor removed by the Ecraseur.—A fibrous tumor on the back of a young man was removed by the Ecraseur, without hemorrhage. This instrument is limited in its range, but invaluable in hemorrhoids and vascular tumors in general, where hemorrhage is likely to follow excision by the knife. It has the advantage, too, of requiring the simplest after treatment, the wound having a semi-healed appearance immediately after the operation.

[*Plastic Operation on the Face.*—The details of an extensive plastic operation for the restoration of a cheek, lip, and part of the nose, all of which had been carried away by the discharge of a rifle at a short distance, are reserved until the next number of the REPORTER.]

Depression of the Floor of the Antrum from Caries.—A young man, about twenty-one years old, had depression and softening of the floor of the antrum, with a loosened state of the teeth. Generally, when the floor is depressed, a foreign body exists in the cavity of the antrum. But here the depression is not uniform, and an interesting question arises as to its cause. Caries of the whole of the alveolar processes may extend into the floor of the antrum, and produce the condition. This point was particularly dwelt upon, and the accuracy of the diagnosis that this is an illustration of such an affection was confirmed by the injection of warm water into the antrum. A molar tooth was removed, and a pulpy growth was found to exist at its base. A common trocar was then introduced through the socket of tho tooth, the instrument being inclined backwards, and a syringe being introduced through the aperture, warm water was injected into the cavity of the antrum. The free egress of the liquid through the nostrils showed the non-existence of a foreign body in the antrum. He will probably lose the alveolar processes, and may hereafter suffer from disease of the antrum. He must be placed upon the use of a general tonic treatment, and a local mouth wash, made as follows:

℞ Cinchon. rubr. ℥j.
Aquæ bullient. Oss. M.

Strain, and add the following ingredients:

℞ Tinct. myrrh.
" kramer.
Mellis ää f℥i.
Acid: muriatic, gtt. xv. M.

Whitlow.—Amputation of a Finger.—A woman was brought in, who was relieved from the pain of a whitlow by an incision, previous to her application at the college clinic, but the incision was made across the tendons, so that when cicatrization took place, flexion became imperfect. Whitlow may be excited in a bad constitution by the slightest causes, and, if neglected at the very first, is likely, under such circumstances, to become of most serious character. The patient desires the removal of the finger, as it is greatly in her way. It will not be necessary to cut into the palm of the hand, as Lisfranc did; nor will it be desirable to take off the end of the metacarpal bone. The difficulty in the operation is, that all the tendons in the palm of the hand are fastened together by the cicatrix.

The mode of operating was then described, as well as the parts involved in the incision, the tendons being divided, then the lateral ligaments, and the finger which was ankylosed being at last removed from its bed. It was found necessary to apply one ligature, the artery being separated from the nerve by a pair of forceps.

Cancer of the Breast.—Operation for the removal of the mamma.—A woman, about fifty years of age, has suffered for some time from scirrhus of the left mammary gland. She has had several children, and the affection of the breast has been increased by nursing. The mass has a fungous appearance, is painful, and the case is brought forward for ope ration mainly for the purpose of rendering her life more comfortable. It will be necessary to remove the glands of the axilla, not by incision, but by careful separation with the finger or with the handle of the knife. No expectation of permanent relief can be indulged, as the disease will invariably return. One unpleasant feature is the existence of small tuberculous scirrhous masses under the skin in the vicinity. These have been formed as a consequence of inflammation of lymphatic glands. An enlarged gland also exists above the clavicle, but the enlargement is probably sympathetic only. An irregular opening was made, and the diseased mass, as well as the affected glands, removed. Frequently when glands are torn away by the finger, as recommended above, the diseased portion breaks off at its junction with healthy tissue. The experience of most surgeons seems to be in favor of operating in cancerous cases, where the object is to give temporary relief and prolong the life of the patient.

PHILADELPHIA COLLEGE HOSPITAL.

WEDNESDAY, JAN. 12.

Service of Dr. Halsey.

Urethritis.—A colored lad, aged 11, has had a discharge from the urethra for three years. Beside the discharge, he has a frequent desire to urinate, which causes him to rise at night three or four times and empty his bladder. He says he has no ardor urinæ, but a pain usually after urinating, which is referable to the neck of the bladder.

The appearance of the discharge, and of the meatus, is that of gonorrhœa, and if the patient were a few years older, we should have very good reason to suspect that such was the case. It is well to bear in mind, however, that quite young boys are sometimes attacked with inflammation of the mucous membrane of the urethra, when anything like specific causes must be out of the question. It is not very uncommon to find an analagous state of affairs in very young females.

Urethritis and vaginitis do then sometimes occur without being produced by the application of gonorrheal virus to the mucous membrane lining these passages.

One of the principal causes of this affection is scrofula. You will almost always find the children affected in this manner, to have the scrofulous diathesis. The most frequent exciting causes are cold, worms in the rectum, and an acid state of the urine. Urethritis may occur also from rheumatism and gout. In this case the inflammation has not been confined to the urethra alone, but it has even extended to the bladder; hence the pain, irritability, and frequent desire to urinate.

These inflammations do not usually last long, as they will, if let alone, excepting where the exciting cause still exists, get well without the aid of medical treatment.

We shall order to be taken the following:

℞. Inf. buchu Oj.
Sodæ carb. ʒj. M.

Take a tablespoonful three times a day. Also,

℞. Zinc. sulph. gr. viii.
Aquæ distil. fʒviii. M.

Use as an injection two or three times a day, and let him take occasionally a warm hip-bath.

Jan. 22d.—Patient has recovered.

Secondary Syphilis.—A sailor having large serpiginous ulcers upon his left arm, and one upon his side, was brought before the class. These ulcers have existed eight years or nearly. Previous to their breaking out he had contracted syphilis. A few months after the chancre had healed he had sore eyes; it was not long after his eyes recovered that these ulcers made their appearance. Beside, he has sometimes pains in his shin bones, particularly at night. This case is clearly one of secondary syphilis. The account that the patient gave of himself, as well as the present appearance of these ulcers, all indicate the existence of the syphilitic dyscrasia.

Syphilis first appears in the form of a little sore upon the penis, from the application of the virus to this part, and is called chancre, or primary syphilis. This is the usual manner in which it is contracted, although there are most undoubted exceptions to this rule. Primary bubo may, and sometimes does occur, the virus in that case being absorbed without producing a chancre, and is conveyed by the absorbents to the lymphatic glands, where it sets up an irritation and inflammation. Some even contend that a female may contract syphilis by having frequent intercourse with a male who is affected with constitutional syphilis, but who has no chancre or sore whatever upon the penis, the vehicle in this case being the semen. A fœtus in utero is liable to be infected if the father have the disease at the time conception occurs, and it in turn communicates the affection to the mother, the blood of the mother absorbing the virus from that of the child. A child may infect the nurse by sucking, and syphilitic sores appear on the nipple in consequence.

When syphilis appears in the form of chancre, or bubo, it is said to be *primary*, because it is the first form in which it usually shows itself. In this condition it is frequently local, and if it be destroyed early the constitution may not be affected, but if it be allowed to exist, the virus may be absorbed, and the whole system may become affected. Ricord lays it down as a principle, that if every chancre be thoroughly cauterized, so as to destroy its virus, before the expiration of five days, there will be no danger of infecting the constitution.

If the system have become affected, although the chancre be healed or not, and no means be taken to cure the disease, sooner or later, from a few weeks to six months, the malady may show itself. Its appearance is now generally in the form of an eruptive disease which may assume any of the forms of skin diseases, as you must have observed in the numerous cases in our clinic, that have been brought before you this season; or sometimes it appears in the form of iritis, or in ulcers of the fauces. The affection in this form is called *secondary syphilis.*

When a primary or secondary syphilis has been imperfectly treated, especially by the administration of mercury, the disease is liable to show itself in still another, and a much more formidable condition. I now allude to *tertiary syphilis.* This form manifests itself in affections of the fibrous and osseous glandular and lymphatic tissues. The bones, which are the most superficial, are more particularly obnoxious to it, as the tibia, ulna, radius, and the skull. The testicle is not uncommonly affected, and even the lungs, heart, liver, etc., are said to be sometimes attacked with this loathsome disease.

The fibrous tissues are the first affected, as by congestion and inflammation of the periosteum and endosteum—hence the great pain in the shafts of the bones, which is always the greatest when the patient is warm in bed, as the blood is now invited by the warmth to the affected parts. Effusion of lymph sooner or later takes place under the periosteum, and *nodes* are produced. In some cases these may exist a long time, seemingly, without doing much harm, while in others the inflammation is more active, and suppuration ensues, followed by a carious condition of the bone, and which may proceed to an extensive destruction of the surrounding parts. Sometimes, instead of the periosteum being affected more, as it usually is, the endosteum suffers chiefly. In such cases the pains are agonizing, depriving the patient almost wholly of sleep at night.

The testicles may also be enlarged and indurated from tertiary causes; the affection, however, being confined to the body of the gland, which differs from gonorrheal inflammation, as the latter attacks, nearly always, the epididymis.

It is confidently asserted by some, that the occurrence of tertiary symptoms depend upon the previous use of mercury in the treatment of the primary or secondary stages, and that this third form of syphilis is caused by the combined effects of mercury and syphilis.

When syphilis has once obtained a foothold in some constitutions, it seems impossible by any known means to eradicate it, although this, fortunately, is very rarely the case. Such persons, from a chancre, have cutaneous and mucous eruptions; after them follow diseases of the bones, and of the sub-cellular tissues; after this come, as it were, a perfect saturation of the humors and solids of the body, when must necessarily follow an impairment of the functions of the vital organs, especially of the lungs; cough, loss of appetite, night sweats, diarrhœa, exhaustion ensue in succession, and death ends the sufferings of the unhappy patient.

In studying the character of syphilis from its effects, and the course it always takes, we are led, it seems to me, to the following conclusions:

1. That syphilis, like most of the zymotic diseases, has its favorite seat in the skin and superficial textures.

2. That it leaves an impress upon them which renders them liable to, or induces a low form of inflammation and ulceration.

3. That its progress tends from the more superficial textures gradually to the deeper ones, from the skin to the deep-seated organs, when the whole system becomes involved in a general cachexia.

Besides, if we take for granted the dogmas of the greatest syphilographers, Ricord, Boeck, Turenne, Sperino, and others, syphilis resembles still more the zymotic diseases in the immunity it produces in the system from subsequent attacks of the constitutional affection after the latter has once existed, and been cured.

The treatment depends upon the different forms that are presented. If a chancre be seen in the first four or five days of its existence, and thoroughly cauterized with nitrate of silver or caustic potassa, and dressed afterwards with simple water dressing, no more will be required. If it have existed longer, cauterization should be effected, so as to thoroughly destroy the affected parts, and thus prevent the absorption of any more of the virus. This may be done with the same agents as mentioned before, or with the concentrated nitric acid, applied with a piece of lint fastened on a stick; water dressing should be applied afterwards, until the slough has come away, when a stimulating wash should be used, as the black wash, or the aromatic wine. A mild course of mercury should also be adopted—two or three grains of blue pill three times a day.

If a bubo be seen in its commencement, it

should be resolved, if possible; if the inflammation be active, wet leeches and hot fomentations will be required; if less active, the tincture of iodine should be frequently painted over the part, and the patient kept quiet. Mercury should also be used freely, to obtain its constitutional effects, although there is no necessity of carrying any it farther than to produce a tenderness of the gums. If this treatment should not succeed, but the inflammation extend on to suppuration, an opening must be made to evacuate the pus. This opening should not be made very large; two or more small incisions had better be made than one large one. These incisions should not be made, as is sometimes the case, parallel with Poupart's ligament, but vertically. The reasons for these directions are obvious: the movements of the thigh, which it is almost impossible to prevent without absolute rest being enjoined, keep the incised parts moving upon each other, and thus prevent healing; and this is especially the case where the incision is made parallel to Poupart's ligament. In the treatment of secondary syphilis mercury is, most undoubtedly, the sheet anchor. If the patient be of good constitution, blue mass or calomel should be used, combined with small quantities of opium, which will prevent its running off by the bowels. If he be, however, weak, and with a constitution broken down, the protiodide of mercury will be found best, or it may be combined with the iodide of potassium, which you will find an excellent combination.

For tertiary syphilis, especially nodes, nocturnal pains, and the affections of the bones, the iodide of potassium will be found, generally, the most efficient. In some very obstinate cases a small quantity of the deutiodide of mercury added to the iodide of potassium, will prove very serviceable. In some extremely obstinate cases, in which nearly every thing else had been tried and failed, I have found the iodide of potassium and mercury, given in a decoction of sarsaparilla and dulcamara, to succeed admirably.

DR. ROGERS' CASE OF HERNIA.—In reply to the queries of our correspondent in the REPORTER for January 8th, Dr. Rogers writes—"I would answer his three first questions in the affirmative. As regards the last query—"Did all the penis slough away?" etc.—I reply in the negative, as will be observed by a careful perusal of the case as reported.

The editor of the *Belmont Medical Journal*, published at Bridgeport, Ohio, will please accept our thanks for his courtesy in copying our Prospectus entire.

Reviews and Book Notices.

A TREATISE ON HUMAN PHYSIOLOGY, designed for the use of Students and Practitioners of Medicine. By JOHN C. DALTON, JR., M. D., Professor of Physiology and Microscopic Anatomy in the College of Physicians and Surgeons, N. York; Member of the N. York Academy of Medicine; of the N. York Pathological Society; of the American Academy of Arts and Sciences, Boston, Mass.; and of the Biological Department of the Academy of Natural Sciences of Philadelphia. With two hundred and fifty-four illustrations. Philadelphia: Blanchard and Lea. 1859.

The above work has just appeared from the press, and to our mind fulfills in a most admirable manner the objects contemplated by the author. The broad field of physiology has been traversed with discrimination, and its most valuable acquisitions compressed into a reasonable compass, embracing likewise the results of recent laborers in this department of our science.

The whole subject is treated of under three distinct sections, *nutrition* or vegetative functions, the phenomena of the *nervous system* or animal functions and *reproduction*. The first is an admirable collocation of everything valuable on this subject, and most of its statements are fortified by personal observation and experiment. Under the division devoted to the nervous system, we have brought together the previously scattered results of investigations in that direction for the last few years, as ascertained by vivisections. Under the head of *reproduction*, the development of the embryo is presented with a clearness, simplicity, and brevity, which taken in connection with the annexed cuts, cannot fail to strike one as particularly happy.

Not the least worthy of commendation, are the illustrations of the text. The stereotyped cuts which in almost every other work meet us as old acquaintances, lead one to conclude that investigation proceeds in Indian file, and it is refreshing to see that out of the 254 cuts, only 11 have figured in other books.

When it is considered that the plan of medical instruction in this country requires such constant attendance upon lectures as to preclude the possibility of extended reading, such treatises as this of Dr. Dalton cannot be too highly appreciated. Nor will its value be less esteemed by the general practitioner, who amidst the cares, engagements and fatigues of practice, may desire to keep pace with the progress of his science. We should be glad if our space would admit of a more extended notice of this valuable work, though we feel confident the profession will not be long in recognizing its merits.

Judging from the superb manner in which the Messrs. Blanchard & Lea have executed their part

of the work, the compliment so frequently paid to to Philadelphia publishers by the New York profession, is richly merited, as it is rare to see a work which in paper, type, and binding is more creditable. There is only one thing which we feel bound to notice as deserving of censure, and it is the reprehensible practice of forcing a purchaser to buy a book containing 688 pages, 80 of which are covered by notices of books and publications.

Editorial.

"BREVITER, CELERITER, SUAVITER."

It has been well remarked that "that writer does the most good, who gives the reader the most knowledge and takes from him the least time."

One of the greatest American orators once apologized to his audience for the length of his speech, on the plea of want of time to condense his ideas. It is this condensation which we are necessitated to request of writers for this journal.

The hebdomadal character of the REPORTER, and the amount of matter daily accumulating, require that all communications for publication, should be a comprehension of as many useful truths in as few words as possible,—of abridgements and summaries, rather than verbose details or speculative wanderings. Yet at the same time we would not restrict any one to such brevity or terseness as may be inexplicit or obscure, but ask a little attention to the *condensation* alluded to, communicating the material facts with brevity of diction, and thus enabling the journal to present weekly to its very numerous readers, the greatest possible amount of valuable matter.

At the very commencement of the weekly series of the REPORTER, some of its best friends doubted the possibility of keeping up continuously in its frequently recurring issue, the full supply for its columns which was promised in the prospectus. On this subject we have never felt any anxiety. On the contrary, notwithstanding the increase in the size of the journal, the reduction of the size of the type and a general crowding of articles, we are still obliged to delay or exclude much that would otherwise be inserted. This statement will show the propriety of our hint on the subject of brevity. But as it is intended that most of the contents of the REPORTER shall continue to be original, its columns are liberally open to all communications of real medical interest; and being untrammeled by any extraneous or partisan influences, its only aspirations are to be at least an auxiliary in the great cause of medical progress, and an honest representative of the profession whose function is the blending of science and humanity.

DEAL WITH THE DRUGGIST!

Country physicians often procure their medicines from merchants in their neighborhoods, or they send their orders for medicines, instruments, etc., by these merchants, who from ignorance of the standing of dealers in drugs, or from a desire to obtain their supplies at the lowest possible prices, deal with second or third rate establishments.

Now, this is a very grave error. All drug dealers are not druggists. Medicines *can* be bought at some large establishments in this and other cities at lower rates than at others; but when this is done, it is always at the sacrifice of purity, and the physician who buys such medicines is in great danger of compromising his standing as a reliable practitioner, by employing remedies which are deprived by adulterations of their normal power. This is a very serious matter, and the physician should always take care that his shelves and drawers are supplied with an assortment of medicines procured *from a reliable source*, even if they should cost him a little more than if procured by his merchant who deals with the seller of cheap, (and consequently adulterated or damaged) drugs. He will be more than repaid for the small extra outlay, by the certainty of the action of his remedies, and the consequent reliability of his practice.

Our subscribers would consult their own interests by informing themselves in regard to the reliability of those from whom their medicines are procured. We would advise them by all means to *deal with the competent druggist*, and not with the mere vender of drugs!

AMERICAN DENTISTRY IN EUROPE.

Dentistry, as a specialty, is essentially of American origin, and the dentists of this country are maintaining themselves creditably throughout the world. "Malakoff," the intelligent Paris correspondent of the New York Times, refers in a recent letter, to the prominent position held by American dentists in Europe. Mr. Brewster, who was the pioneer, settled in Paris in 1836, and soon became the dentist of Louis Philippe, the Czar Nicholas, and other monarchs. Mr. Thomas W. Evans, of Lancaster, in this State, bought out Brewster in 1850, and he, with his brother Theodore, are now the fashionable dentists of Europe, being the dentists to the Courts of France, Russia, Bavaria, Wurtemburg, and some smaller States. They have become very wealthy from the proceeds of their business, and the rich presents given them. Several other American dentists have settled in Paris, among whom are Mr. James Fowler, formerly of New York, Mr. Hornor, formerly of this city, Dr. Gage, formerly of Mobile, and Drs. Potter, Crane and Parmly. Others announce themselves as American dentists to secure practice. The principal dentist in Rome is Dr. Burgess, an American; so, in Madrid, Dr. McKeehan, another American; in Berlin, Dr. Abbott, from Bangor, Maine; at Vienna, Dr. North, also from Maine. In St. Petersburgh, the principal resident dentists are two Irishmen, who studied with Dr. Brewster in Paris, and call themselves American dentists. At Hamburgh, Dr. Cohen, and at Stockholm and Christiana, the brothers Tellender, all of whom studied in this country, are the principal dentists. In some of the principal cities of England, also, American dentists have established themselves successfully.

Correspondence.

VISITING LISTS.

BOSTON, Jan. 21st, 1859.

I am not, as you know, the person who took the copies of the Hand Book and Visiting List for notice. Still, as one who has had occasion for several years to try various expedients for keeping accounts, my opinion may be worth something to those who have never tried either.

Physicians are notorious for not keeping books in book keeping style, and for trying all new and easy, as well as ready methods. If it were not so in other matters, we should not have thrust before us the various contrivances to save, or rather to ruin, memory. A visiting list, to be just the thing, should be a visiting list with, perhaps, the addition of a few extra blank pages. But it is an insult to a man who has studied and does study his profession, to ask him to carry in his pocket a condensed library upon therapeutics, or even a list of poisons and doses. Those men who are just beginning the practice of medicine should avoid looking into such helps to treatment, as they would the itch. The effect of them is to narrow the mind, and give them a pocket excuse for neglecting study. They strongly remind me of a story of a practitioner, in this city, calling himself a homœopath, who, a short time since, was summoned to a child with convulsions. The messenger heard him call out to his wife, "Mary, what *is* good for fits?" Bachelors will please take notice.

However, aside from the essays on treatment, etc., visiting lists are very useful. The Hand Book is printed on the best paper, and its gilded edges help to keep it clean. The other is, for one who is accustomed to it, the most convenient. The columns for recording symptoms, in the first, are too small to be of any value, and if made larger, would make the book *twice* too big. It now is only *too* big. Either of the two would be better if reduced one-half in size. As for the binding, neither can boast much after a six months' travel in the pocket; and if the leaves do not start in less than six weeks in both, why, all that can be said is, I have had unfortunate copies.

Medicine offers nothing new in Boston.

Yours, C. E. B.

Medical News.

The editor of the Buffalo *Medical Journal*, in an excellent comment on our own defence of the character of the medical student, thus quaintly describes him:

"The medical student is a creature of a peculiar species, whose natural history is not understood by the world at large. His studies are peculiar. His mode of thinking is peculiar. Everything in his pursuits combines to disconnect him from other men. They are good fellows, mind their own business, most of them work hard at the profession, smell of the dissecting room, and chew tobacco."

The same article, in allusion to the medical metropolis, says:—"The best medical talent in America is drawn there by the large revenues from the schools. Thus, Philadelphia not only furnishes men, of which we, as a nation, are proud, but these men go to form a society as refined, as cultivated, and as intellectual, as any in the world. It has sent down to posterity names not only venerated by us, but known by every one. It gives to us most of our valuable text books, and has produced several authors, whose works are used in European schools."

THE CHARITY HOSPITAL.—Our recent notice of this institution—which is located on Buttonwood street, near Broad—not having been altogether correct, we insert the medical staff of the Hospital, which will give a much better idea of its objects and aims. It will be seen that Drs. Goddard and Wm. H. Pancoast occupy the position of Surgeons to the Hospital.

We hope that the institution will meet with a hearty support from the public.

MEDICAL BOARD.

P. B. GODDARD, M. D., Juniper and Walnut sts.,
WM. H. PANCOAST, M. D., 1032 Chestnut st., } Surgery.
Monday and Thursday, 12 to 1.

Z. RING JONES, M. D., Eye, Ear and Urinary Organs, 318 North Ninth street.—Wednesday and Saturday, 12 to 1.

H. ST. CLAIR ASH, M. D., Diseases of Children, 1712 Vine st.
Tuesday and Friday, 12 to 1.

BURROUGHS PRICE, M. D., Diseases of Digestive Organs, Brain and Nervous System, 302 N. Ninth st.
Tuesday and Friday, 4 to 5.

A. W. GRIFFITHS, M. D., Obstetrics, 216 N. Twelfth st.
Tuesday and Friday, 11 to 12.

ALEX. C. HART, M. D., Diseases of Women, N. W. corner of Sixth and Spring Garden streets.
Wednesday and Saturday, 4 to 5.

——— ———,* Diseases of Respiratory Organs.
Wednesday and Saturday, 11 to 12.

S. UPDEGROVE, M. D., Diseases of the Skin, 655 N. Eighth st.
Monday and Thursday, 4 to 5.

W. E. WEATHERLY, M. D., Fevers and General Diseases, Eleventh and Spring Garden streets.
Monday and Thursday, 11 to 12.

* Vacancy.

The following officers of the Philadelphia County Medical Society were elected at the meeting on Wednesday last:

President—Dr. B. H. Coates.

Vice Presidents—Drs. B. S. Janney and A. Nebinger.

Recording Secretary—Dr. R. J. Levis.

Assistant Recording Secretary—Dr. W. B. Atkinson.

Corresponding Secretary—Dr. J. A. Meigs.

Treasurer—Dr. I. Remington.

Censors—Drs. D. F. Condie, G. W. Norris, W. S. W. Ruschenberger, J. F. Lamb, R. P. Thomas.

Mr. Tiemann, the efficient Mayor of New York, has nominated Dr. S. Conant Foster to the City Inspectorship of that city, but as the nomination does not meet the views of political jugglers who hold seats in the Common Council, they withhold their confirmation of the nomination. Mayor Tiemann seems determined that the Inspector shall be a medical man, as he should be, to properly perform the duties of the office. The names of Drs. Griscom and McNulty have also been mentioned in connection with the office.

MARRIAGES.

BRINTON—HAZLET—On New Year's eve, in this city, by Rev. Thomas Worcester, D. D., Edward Clarence Brinton, M. D., of Washington, D. C., to Miss Lizzie Hazlet, of this city.

DEATHS.

DEEMER.—In this city, on Friday, Jan. 21st, of typhoid fever, Mr. Amos Deemer, in the 22d year of his age. Mr. Deemer was a student in the Medical Department of the University of Pennsylvania.

At a meeting of the Students of the Medical Department of the University of Pennsylvania, held at the College, on Saturday, January 22d, 1859, the following resolutions were unanimously adopted:

Whereas, It has pleased God in his wise providence to remove from our midst, our friend and fellow student, AMOS DEEMER; therefore be it

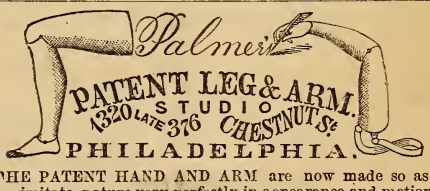
Resolved, That we offer to the memory of our departed associate this humble tribute of respect, and mingle our warmest sympathies with his afflicted family in their bereavement.

Resolved, That as a member of the class, we bear testimony to his consistent life and conduct: his industry; his upright character, and the courtesy which marked his intercourse with all who knew him.

Resolved, That while our grief at his early loss is deep and sincere, we rejoice with his friends in the consolation which they must have that he has gone to a brighter and happier sphere.

Resolved, That a copy be sent to his friends, and published in the Easton papers.

CHAS. C. LEE, Chairman.
C. J. CLEBORNE, Secretary.



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PHILADELPHIA, DEC. 14th, 1858.

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Trusting that you will continue your efforts to relieve your afflicted fellow creatures, I remain, very sincerely yours,

THOMAS D. MUTTER,
Emeritus Prof. of Surg. in the Jefferson Med. Col., Phila.

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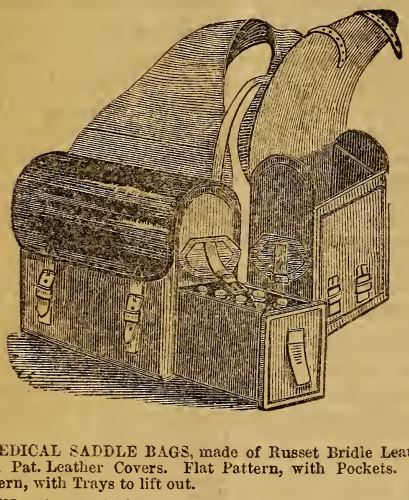

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REFERENCES.

George W. Norris, M. D., Surgeon to the Pennsylvania Hospital.
Henry H. Smith, M. D., Professor of Surgery, University of Pennsylvania.
H. L. Hodge, M. D., Professor of Obstetrics, University of Pennsylvania.
Samuel D. Gross, M. D., Professor of Surgery, Jefferson Medical College.
Joseph Pancoast, M. D., Professor of Anatomy, Jefferson Medical College.
S. Littell, M. D., Surgeon Will's Hospital.
E. Hartshorne, M. D., " "
A. Hewson, M. D., " "
D. Hayes Agnew, M. D., Surgeon to Philadelphia Hospital.
R. J. Levis, M. D. " " "
Isaac Hays, M. D.
P. B. Goddard, M. D. 118

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 120. PHILADELPHIA, FEBRUARY 5, 1859. NEW SERIES, VOL. I. NO. 19.

Original Communications.

Rupture of the Uterus.

By D. S. Gloninger, M. D.,
of Philadelphia.

Mrs. W., age 38, German, rachitic diathesis, apparently healthy, was taken in labor January 29th, with her eighth child. The first child lived; the three successive labors were *twin* births, one child surviving each birth. The last labor occurred five years since; first child alive, second in a state of decomposition; shoulder presentation and delivered by turning.

Each labor, says her physician, Dr. W. Keller, exceeded the last in severity and complications. In rachitic cases these deformities increase wherever they exist, as the patient advances in life.

Position of child in the labor about to be described, head presentation, anterior fontanelle, or brow presenting to the left acetabulum owing to mobility of the head. Head above the *superior* strait. Membranes ruptured. As there was no progress, Dr. Keller, her attendant, sent for the writer, also, Dr. R. J. Levis, to assist. The forceps were then applied. *Hemorrhage* followed their introduction, but ceased on their removal. This was somewhat profuse. There being great *anterior obliquity* of the uterus, the handles were much depressed when adjusted. No advantage was gained by traction.

Dr. K. now called in Dr. J. P. Bethell. Dr. B. arrived at 7½, P. M. Labor had been in progress during the day. Dr. B. attempted version by the head. The head could be changed *with great facility*. Every accession of pain, however, returned it to its original position. Conclusion—head *too large* to be delivered in the position found, by "version by the head," or by the forceps. The proposition now occurred, "shall we perforate or turn?" Pulsations of child's heart distinct; woman's strength good, pains severe *but not extrusive*. Dr. B. having assisted in her last accouchment above mentioned, finished that labor by turning.

Aware in this case of the deformity of the pelvis, to be hereafter adverted to, and feeling, as he expressed himself, "a delicacy in destroying the life of the child with a chance in its favor, the woman having been delivered of *seven children* previously without craniotomy, and seeing nothing apparently dangerous in the condition of the patient," Dr. B. proposed *turning*, and should he then fail, a resort to craniotomy. With this understanding, turning was resorted to,—the patient being etherized.

In bringing down the feet of the child, a hemorrhage to the extent of say thirty-six ounces occurred; at this juncture the patient became exhausted, and it was decided to desist from further efforts, and apply the tampon. After, perhaps twenty minutes, the efforts were renewed, and the child delivered, except the head, which remained above the superior strait. *The bowel of the mother* was observed descending with the limbs of the child, and protruded between its thighs at least an hour before her decease.

The head owing *to its size* could not enter the pelvis; decapitation was performed, and the head, upon pressure upon the abdomen, was detected to have slipped out of the lacerated uterus into the abdominal cavity.

The patient possessed unusual strength with-

in a few moments of her death—raising herself in bed to take water and stimulants now freely given. During the intervals of labor pain, she complained of pain in the groin, especially during the evening, and numbness of the left limb. Whether this was produced by labor pains, her position, or as some writers will have it, was a *diagnostic* symptom of ruptured uterus, we are unable to say.

Her death was easy, without vomiting or any smyptom usually occurring. It was like falling asleep, so "calmly ebbed her life away."

The autopsy revealed the following, viz: Longitudinal laceration of posterior portion of the uterus, involving the "cul-de-sac" of the vagina, five inches in length. The lower third of the uterus showing *softening*, the finger could easily perforate its walls. Upper portion, yellowish hue; veins slightly injected. Placenta *completely* adherent to the fundus. The child must have been living when turned. The placenta presented an abnormal appearance, not that of anemia, but of a greenish-yellow hue.

Abdominal integuments *atrophied.* The recti muscles, with the exception of here and there a fibrilla embracing the fatty tissue, *completely obliterated*—accounting for the anterior obliquity. It presented the appearance of fatty degeneration in color, similar to the placental surface, described a *little lighter.* Head found within the abdomen. Diameters—parietal, 4⅜ in., oc. breg. 5½ in., oc. men. 7 in. Diameters of pelvis ant. post. 3⅜ in., trans. 5½ in. The deformity—occasioned by rachitis—similar to an *exostosis* of the promontory of the sacrum and symphisis pubis.

It will be observed that the diameters of the fœtal head exceed the pelvic.

The head could not, with any force, be driven into the pelvis.

Upon the propriety of turning in deformed pelvis, authors differ; we shall quote a few—*leaving our case to make its own commentary.*

"Even under the more favorable circumstances, *turning is to the child a hazardous operation;* but that under *perverse ones*, it is but *too often* fatal to it; and that it must ever be looked upon as a *doubtful* alternative, rather than as a *probably safe recourse.*" Dewees, Par. 1545.

"By some we are recommended, in cases likely to be rendered difficult and protracted by the *slighter degree* of distortion, to introduce the hand into the uterus, grasp a foot, oblige the fœtal body to revolve on its axis, and bring the breech into the pelvis, terminating the labor by the operation of *turning. I cannot find language sufficiently strong*, in which to deprecate this mode of proceeding *as a general principle.* I have good reason to believe and to hope, indeed, that such means of concluding such a case is now *entirely* exploded, from the practice of the well-informed obstetrical surgeon—at least in England." Ramsbotham, page 157.

"It is right to mention that *Denman* and *some other writers* recommend *turning* when the pelvis is *slightly* too *narrow* for the child's head; but I must confess that this practice appears to me *more than* questionable." Churchill, page 295.

"The only means of delivery," says Dr. Collins, "when the disproportion between the head of the child and the pelvis is so great as to prevent us reaching the ear with the finger, is by *reducing the size of the head* and *using the crotchet.*"

"If the labor has commenced at the full period of pregnancy, and you discover before it has continued many hours that the pelvis is greatly distended, no advantage can accrue from allowing the labor to endure till the patient is exhausted. In such cases *delay is dangerous*, and *there is nothing which can save the woman's life, but opening the head of the child with the perforator*, and extracting it with the crotchet." Lee, page 259.

"After having waited for all that can reasonably be expected from uterine contractions, the forceps is to be applied, and if moderate tractions are found to be insufficient, the instrument should be withdrawn, so as to permit the contractions to exercise their force for an hour or two longer; and if they still are ineffectual, the forceps is to be re-introduced; when, if this second application is also without effect,

the accoucheur will find himself reduced to the alternative just spoken of; and the *child's life* being *certainly compromised*, will authorize a resort to *craniotomy*." Cazeau, page 476.

"In an obliquely deformed pelvis in my museum," says Dr. Simpson, vol. 1, page 584, "the conjugate diameter of the brim is one or two lines below 3 inches: and yet through it a dead full sized child passed as a head presentation, after a long labor, but without instruments. I extracted a *second* infant *by the feet* through the same pelvis. Further, I believe, that when the *child presents by the feet*, and thus the apex, instead of the base of the cone formed by the head and body of the fœtus comes first, *that it may make its transit without embryulcia through a pelvis, the smallness of which would otherwise have necessitated mutilation or the operation of craniotomy*."

See also, Dr. Simpson: Vol. 1, page 449, cases in illustration.

The writer would deduce a few valuable hints from the results of the case reported, which may be efficacious hereafter.

1st. Whenever the *small diameter* of the head is found too large to engage in the *superior strait*, no advantage can accrue from turning. The procedure will invariably destroy the child and *jeopardize the mother*.

2d. Never, in such cases, is it safe to turn when the forceps will not embrace the child's head perfectly, (as in this case;) it will be better practice to wait patiently until satisfied of the child's death, or if the woman's life be endangered by the delay, *immediately perforate and deliver*.

Authors descant beautifully—they give us finely spun, much elaborated theories, *very plausible*—a few *fatal* cases, however, in their practice, are of no injury to the originators, but of damaging import to those who may too eagerly catch at and follow them. We have made a plain and unvarnished statement; we intend it as a guide or landmark to others who may hereafter be similarly situated. If life be saved by our humble efforts, we will have the satisfaction of having done a duty to the profession and to humanity.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

Service of Dr. Wood.

Reported by Theodore A. Demmé, M. D.

SATURDAY, JANUARY 22.

Congenital Fissure of the Sternum — Case of M. Groux.—During the past few years the medical journals of Europe and America have repeatedly noticed a case of congenital malformation, existing in the person of M. Eugene Alexander Groux, in consequence of which, peculiar facility is afforded for studying the movements and sounds of the heart. The most distinguished men of Europe, among whom Hamerick, of Prague, Baumgartner, Valentin, Beclard, St. Hilaire, Ernst, of Zurich, and Owens, have examined the case and placed their observations upon record.

Through the kindness of Dr. Wood, M. Groux was presented to the class attending the clinics of the Pennsylvania Hospital.

The Fissure.—Throughout the median line of the sternum there is a complete division of the bone; there appears, however, to be a cartilaginous connection between the two sides, near the lower extremity.

During ordinary respiration the fissure exhibits the appearance of a triangular groove, the base being towards the supra-sternal fossa. The groove is bounded upon each side by a narrow, bony ridge.

The groove itself appears to be filled up by an elastic ligament, and is covered by the common integument. During ordinary respiration the fissure is about half an inch in width, but by the forcible contraction of the pectorales majores, the hands at the same time being firmly pressed together, so as to form fixed points of the insertion of these muscles into the humeri, the bony ridges are drawn so far apart that the groove becomes about four fingers breadth; of course the thoracic cavity is increased to a corresponding extent: When, however, the muscular movements incidental to inspiration are made, whilst the mouth and nose are closed so as to prevent the entrance of air, a depression almost linear in width, (in consequence of the bony ridges being drawn together,) but at least an inch in depth, is formed. The cause of this is evident: a vacuum being created within the chest, the atmospheric pressure forces in the yielding tissues covering the fissure.

When an attempt is made to expire forcibly, the mouth and nostrils being closed, a large convex tumor is formed at the upper part of the fissure. Upon percussion this enlargement gives a clear sound, it is therefore distended lung tissue.

There is another peculiarity in regard to the Groux case, independent of the fissure. It is the power of suspending the pulse in the upper extremities. This is accomplished by taking a forced inspiration, the arms being held downward. It is probably the subclavian which is compressed, as the heart is observed to pulsate as usual.

Movements of the Heart.—In the increased facility for observing these, and thereby of possibly deciding the vexed question of the cause of the impulse of the heart, lies the great value of this conformation of the sternum.

It may not be amiss to remark in this place, that there have been two prominent hypotheses advanced to explain the mechanism of the impulse of the heart.

One theory, dating from the time of Harvey, which, until within the last few years, had been unanimously adopted, is, that the impulse of the heart occurs during the forcible contraction of the ventricles. The great objection to this view is, how can the heart strike against the walls of the chest during the ventricular systole, when, in consequence of the systole—the contraction—it must be reduced in size.

The other hypothesis is, that the impulse occurs during the forcible dilatation—diastole—of the ventricles.

To facilitate the observation of the movements of the heart, Dr. Wood made use of the recently invented sphygmoscope—pulse measurer. This simple instrument consists of a long flexible tube, into one end of which a glass tube is inserted, whilst at the other extremity, a bell-shaped glass, tightly covered at its mouth by a thin piece of caoutchouc, is attached. The tube, when used, is partly filled with a colored fluid. Upon placing the bell-shaped extremity upon any part of the body where pulsation is perceptible, the pulsatory movement is conveyed through the elastic covering to the fluid, the rise and fall of which serves as an index to the pulsation. By having a broad base and a narrow tube, the pulsatory movement is magnified, and is thus easily appreciated by the eye.

The Position of the Heart, as Affected by the Respiratory movements.—In full inspiration the heart is depressed, and the *right ventricle* may be felt pulsating at the lower extremity of the fissure. By a deep expiration, on the contrary, it appears to be elevated, and the impulse, instead of being perceptible between the fifth and sixth ribs, is felt even as high as the third.

The Right Auricle.—At the upper portion of the fissure there is perceptible to both touch and sight, a regular pulsation: isochronous with every pulsation an oblong oval tumor is formed, which moves from above downward, and from the right to the left: to the touch the tumor is somewhat resistant. This is probably the right auricle: some few suppose this to be the aorta; but by pressing the finger above the tumor a distinct rising and falling is felt, behind and above the auricle, which can only be in the aorta.

Successive Action of the Auricles and Ventricles.—By means of two sphygmoscopes, one placed over each ventricle, we see that the two ventricles act synchronously, dilating and contracting together. But when we place one sphygmoscope over the apex of the heart, and another over the right auricle, it is at once apparent that the auricles and ventricles do *not* contract simultaneously—the liquid ascending in one tube whilst descending in the other, the impulse of the auricles occurs at a different time from that of the ventricle.

Aorta and the Apex of the Heart.—The observation of the relative movements of the ventricles and the aorta is the most difficult, and yet important problem that the Groux case gives us to solve.

An instrument was placed over the apex of the heart, whilst a second was placed over the aorta; it was at once apparent that the liquid in the two tubes did *not rise and fall simultaneously.*

The dilatation of the aorta can only occur at the time of the contraction of the ventricles; if the filling of the aorta occurs simultaneously with the impulse of the heart, we must conclude that the impulse of the heart occurs during, and is therefore consequent upon, the systole of the ventricles; but we have now a proof that the aortic impulse occurs after the cardiac, therefore *the contraction of the ventricles occurs after the impulse of the heart.* The movement of the ventricle that precedes the systole is the dilatation, and this must consequently occur during the impulse of the heart, and therefore the conclusion that the dilatation of the ventricles is the cause of the impulse of the heart.

The Sounds of the Heart were then referred to. Excepting an increased clearness and distinctness of the sounds, nothing peculiar was noted. Dr. Wood, however, alluded to a peculiar, very soft, and somewhat protracted sound, heard over the auricle under certain circumstances, which, with Dr. C. J. B. Williams of London, he was disposed to ascribe to the muscular action of the auricles.

WEDNESDAY, JAN. 26.

Deficiency of the Mitral Valve.—The following case is of great value, when taken in connection with the report of Dr. Wood's observations upon M. Groux.

This patient entered the hospital in consequence of rheumatism of a few days' duration. The anæmic countenance, the short, quick, yet strong pulse, and the shortness of breath, induced me to suspect cardiac disease. Upon percussion over the heart, an

area of dullness at least two inches square was detected. The sounds of the heart are not muffled, as if there were any effusion into the pericardium; there is therefore enlargement of the heart.

At the *apex* of the heart there is a loud, prolonged murmur, occupying nearly the whole time of the heart's action—the slight second sound of the heart being overpowered. At the junction of the third ribs with the sternum, upon the right side, where we have the aortic valves, and upon the left, the valves of the pulmonary artery, the second sound is more distinct; the peculiar murmur is also heard, but *not so loud as over the apex of the heart.*

This murmur indicates disease of the mitral valve. A somewhat similar murmur is heard in anæmia; not, however, so prolonged.

But why do we have the murmur so distinct at the apex of the heart? According to the ordinary view of the first sound of the heart, it is inexplicable; for according to the view that the heart contracts at the commencement of this sound, the blood must be propelled upward, and of course would carry the murmur upward, not downward toward the apex. Now, it is incompatible with ordinary sound sense, that the sound should be heard most distinctly at the apex, contrary to the direction of the current.

If we take the diastolic view (see Groux case), then we can easily explain why the sound is heard at the apex. In the diastole the heart expands, the blood is thrown downward, and carries the sound with its current toward the apex of the heart. I think that this is clearly the explanation of the sound.

Dr. Wood then made some remarks in regard to the effects of disease of the mitral valve upon the system. These are postponed until next week.

Surgical Clinic.—The cases shown and the remarks made by Dr. Peace, have been so valuable and instructive, that we have resolved to defer the report thereof until our next, in consequence of not being able to occupy sufficient space in the present number to give a full account.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

SATURDAY, JAN. 22.

Service of Dr. Henry H. Smith.

Psoropthalmia.—A scrofulous looking boy, four years of age, had sore eyes. The lids were thickened, red, and tender, and the edges covered with scabs, but the conjunctiva was *not* at all congested. The case was described as Psoropthalmia, the lesion consisting essentially in an inflammation of the meibomian glands, a condition sufficiently common in scrofulous children. The disease was often found to be obstinate, and more persistent from inattention to the particular condition of each case. Thus, unmindful of whether the disease is acute or chronic, the edges of the lids were anointed with some stimulating ointment, which however proper in some conditions, would aggravate the disease in others.

This case being acute, and attended with well marked inflammatory action, the following plan of treatment was recommended: Let the lid be cleansed by the warm water dressing, and afterwards let it be anointed freely with unguentum aquæ rosæ; then after the inflammatory action is subdued, slightly stimulating applications, such as very dilute citrine ointment, may be employed, or the edges of the lids may be painted with a solution of the nitrate of silver, four grains to the ounce of water.

Chronic enlargement (Scirrhus) of Tonsils.—A young girl, thirteen years of age, had suffered for several years from chronic tonsilitis. She came for the purpose of having the enlarged gland removed. On examination of the throat, however, it was found that a high degree of vascularity, indicating considerable recent inflammatory disturbance, existed. The operation of extirpation was, under such circumstances, improper, as it might give rise to very troublesome hemorrhage. It will not, therefore, be performed until all symptoms of acute action had been subdued by treatment.

Acute Synovitis of the Knee.—A little boy had suffered for some time from acute synovitis of the knee joint, which had run on to suppuration. The pus had been discharged by an orifice in front, communicating with the joint. The limb was flexed, and the parts around the articulation red and painful. The cold water dressing was directed for the present, and after the acute inflammatory action has subsided, the limb will be put upon a splint, and gradually brought into the straight position, in order to give the patient a serviceable limb should anchylosis occur.

Ganglion on the Wrist.—A woman presented a smooth soft tumor, the size of an egg, in the pulmur surface of the fore arm, just above the wrist joint. It had appeared some ten years previously, and gradually attained its present size. The tumor was most probably what is technically designated a *Ganglion*, a name which was bestowed upon cysts having synovia-like contents, which occurred in the neighborhood of joints. For the present a paliative operation only was performed, the cyst was punctured with a bistory, and its contents squeezed out. The contents consisted of a great number of carti-

laginous looking bodies, resembling grains of rice in size and shape.

These "*rice-like bodies*" are frequently found in synovial cysts, and even occasionally in the cavities of joints.

Secondary Syphilis.—A middle aged man presented well marked syphilitic ulceration of the throat. The ulcer had pierced the soft palate, and there now existed in the throat a communication between the mouth and nares. A considerable amount of pus was daily discharged from the nose, and it was probable that the turbinated bones were considerably diseased.

This case presented several points of interest. For example, although the patient had labored under all the symptoms of secondary syphilis, he has never had a bubo. This possibility should always be borne in mind. A bubo generally occurred consecutively to the chancre, before the system was infected, but sometimes the bubo was absent, the virus entering the system by the deep lymphatics of the pelvis, and thus produced constitutional symptoms. The patient related that when the symptoms first appeared he was freely mercurialized without effect. There was no doubt that mercurials had been much abused in syphilitic diseases. In syphilitic ulceration of the throat no good would be effected by salivation. Indeed, experience showed what might have been expected, that the excessive action of the drug, which of itself in a healthy individual was capable of inducing inflammation and ulceration of the mouth and fauces, only aggravated the condition for which it was administered. In tertiary syphilis, mercurials were not so objectionable; but should be employed on general principles, and not as a specific. Astringent washes for the nostrils and throat were directed, and the patient put upon a course of quinine and iron, combined with small doses of the iodide of potassium.

Removal of a Fibrous Tumor of the Upper Jaw.—A negro girl presented a firm, florid tumor of the size of an English walnut, which was attached to the gum just above the incisor teeth of the upper jaw. It was not painful, and was probably a fibrous growth, and innocent in its character. Dr. Agnew, who operated upon the case at the request of Dr. Smith, dissected the growth away, and as it was found that several spiculæ of bone projected from the jaw into the body of the tumor, they were removed by bone nippers. A compress of dry lint was then placed over the bleeding surface, to arrest the hemorrhage.

Paronychia.—A laboring man had suffered from this condition of the middle finger for several days. The finger was much swollen, and so painful that he had lost sleep for several days. Dr. Agnew said that in these cases the pus might accumulate immediately beneath the skin, in the thecæ of the tendon, or still deeper in connection with the periosteum of the bone. In either case, a free incision should be made to evacuate it; and as it was not always possible to know the precise seat of the pus, it was a good rule to carry the incision quite to the bone in every case.

Such an incision was made in this case; the pus evacuated, and a warm poultice was directed to be applied.

SATURDAY, JAN. 26.

Service of Dr. Henry H. Smith.

Lithotomy.—The boy mentioned in the report of Jan. 19th, as laboring under stone in the bladder, was brought forward to-day for an operation. The hour was chiefly occupied with a detailed description of the anatomy of the perineum, and of the various modes proposed for the operation of lithotomy; after which the patient was etherized, and by means of the sounding board before alluded to in these reports, the click of the stone was rendered audible to the entire class. Dr. Smith then proceeded to perform the left lateral operation in the usual way, and removed an oval stone about an inch in length. The child has since done remarkably well, urine passing by the urethra within thirteen hours from the time of the operation. The wound was simply approximated by bringing the thighs together. The stone measured 1 1-16 inch long by $\frac{3}{4}$ wide, and weighed 65 grs.

It apparently consisted of uric acid and the urates. This is the second patient cut for stone by Dr. Smith this winter, that has passed urine per vias naturales within 48 hours.

HOSPITAL OF THE JEFFERSON MEDICAL COLLEGE.

Service of Dr. Dunglison.

WEDNESDAY, JAN. 26.

Folliculous Eruption.—Two children, three and eight years old, were brought in, having an eruption of a folliculous character over the head. The mother thought they were produced as a sequence of vaccination, an erroneous idea, that has often been entertained. It is probably an illustration of favus, although this cannot be satisfactorily determined until all the hair is removed, and the part poulticed, which was directed to be done. This affection was formerly called porrigo, remarks upon which, and upon the propagation of the disease by fungoid growths, (porrigophytes,) were made at a preceding clinic. (See page 277.)

Hemicrania.—Ellen B., aged 25, has suffered from pain on one side of the head for two days, coming on early in the morning. "Sun-pains," so called, are a form of hemicrania, a word which has been transposed into the French *Migraine*, and corrupted into the English *megrim*. A gentle emetic will be prescribed, to clear the stomach and prepare the way for other agents.

℞. Pulv. ipecac. gr. xxv.

The ferro-saline mixture (see page 313) must also be given here, to act gently on her bowels; and if deemed advisable, sulphate of quinia, or some other antiperiodic.

Tuberculosis.—Peter McC., aged twenty, complains of pain in the left side, extending towards the hip, with cough, copious expectoration, and hurried breathing. He has daily fever and night-sweats, and flushes frequently in the day-time. He lies on the left side, which is the seat of pain. The functional phenomena are clear as to the diagnosis; it remains to be seen whether the physical signs correspond. The vulgar error in regard to the superiority of red flannel worn next the skin, as a hygienic agent, was alluded to. Dulness exists on the right side to a slight extent only. Percussion gives here but little information, while auscultation exhibits the existence of a large cavity, a gurgling sound being distinctly transmitted to the ear, and bronchophony from the cavity being remarkably distinct, (pectoriloquy.)

Unequivocal evidences exist, therefore, of confirmed tuberculosis. Oleaginous eutrophics must be given him, with counter-irritants to the chest, and his general condition attended to in every way, by animal diet, etc.

Incipient Epilepsy. — Remarks on the Oxide of Zinc.—A young man, aged nineteen, has had fits, lasting but a short time, but without loss of consciousness. During these attacks, he works his arms and face, but never bites his tongue, nor falls. Loss of volition therefore occurs, but not a loss of mental or moral manifestations. It may be the commencement of a serious neurosis, and requires therefore careful watching. He had had spermatorrhœa, induced by masturbation, the discharge sometimes occurring three or four times in the day. This has been the case for years. The nervous phenomena referred to, may, with great probability be ascribed to the habits of the individual, and can only be prevented from more forcibly invading the system by a total cessation of them. Three varieties of epilepsy have been referred to by the French. (See page 163.) Here we have to treat the *petit mal*. We must improve the general health by animal diet, etc., and administer the oxide of zinc.

℞. Zinci Oxidi gr. x.

To be taken twice, daily. This preparation has been strongly recommended by Herpin and others. The ordinary dose is from two to five grains two or three times a day; but the lecturer is of opinion that the oxide is inert, and has accordingly struck it from the list of toxicological agents. In a case of epilepsy, in a young man about twenty years of age, during the session of 1856–7, drachm doses were given in this clinic twice a day without any unpleasant effect; the patient not returning at the following clinical lecture, a week elapsed before he again presented himself, fourteen drachms of the zinc preparation having been administered in that time. Yet this dose is not recommended to young practitioners, whose reputations might suffer should any unpleasant phenomena occur, although in no wise referable to the article administered. Mr. Simon, of London, and Heller, of Vienna, regard the oxide as positively inert.

Saturday, Jan. 29.

Endocarditis with Valvular Disease.—Margaret W., aged twenty-three, has had palpitation of the heart for eight years, and during a period of thirteen years has had occasional attacks of rheumatic fever, the last of which occurred about three years ago, and confined her three months. This is a well-marked illustration of cardiac difficulty after inflammatory rheumatism. Her breathing is affected, and she wakes up at night agitated. She is very nervous, and disturbed by slight noises. Inflammation of the endocardium has given rise to deposition on the valves. The connection between valvular disease and inflammation of the lining membrane of the heart, as well as the causes of the alteration of the sounds of the heart, were explained upon the blackboard by a diagram of the heart and valves. On applying the ear over the chest, the impulse is found to be greatly exaggerated, raising the head of the auscultator. A decided blowing sound is heard, not amounting to a rasp, much more distinctly heard toward the apex, and preceding the beat of the heart. The sound, therefore, occurs during the dilatation of the heart, and is referable to the auriculo-ventricular valves. It is caused by the blood passing over a roughened surface, and by a diminution of the auriculo-ventricular opening.

We have in this case, then, increase of the muscular structure of the heart, and loss of the first sound, with a distinct bellows sound. The condition of hypertrophy, which has been long present, does not admit of active or much treatment. The patient must avoid stimulation of all kinds, and all physical and moral excitement. Iodide of potassium

might suggest itself as an agent calculated to affect the deposition on the valves; but it could not touch a case of this kind. The condition will be permanent, and must be submitted to accordingly as long as she lives. No medication will be necessary, beyond mere attention to her bowels, which have been costive, and for which the ferro-saline mixture is prescribed.

Jaundice.—Eliza M., aged thirty-seven, has had jaundice for two weeks, following an illness of three weeks. The face has a decidedly yellow tinge, and the urine is colored in the same way. The evacuations are light colored. Pain exists in the right hepatic region, and she lies more comfortably on the affected side, as is usually the case in hepatic disease. The tongue is very white, showing great gastro-duodenal irritation. Some obstruction may exist in the biliary ducts, from which the bile may pass into the vessels, and the affection may be owing to the bursting and discharge of the gland cells into the blood vessels, instead of into the ducts. Mercury might suggest itself as an appropriate remedy, but the administration of agents that may gently solicit the peristaltic action, will doubtless be of service.

℞. Magnesiæ carbonatis ʒj,
" sulphatis ℥j. M.

A teaspoonful to be taken every morning. Externally, let her employ the mercurial ointment over the affected region.

Hypochondriasis.—John L., aged 36, has anomalous pains in the stomach, head, etc., with a sense of oppression over the chest, irregularity of bowels, etc., but his symptoms indicate hypochondriasis rather than any special morbid local affection to which we can direct our remedial agents. He has been a habitual drinker, and it is probable that this may be the cause of much of the uneasiness of which he complains. Gentle action exerted upon the stomach and bowels may be of service to him.

℞. Magnes. carbonatis gr. x,
Carbon. ligni gr. xv,
Zingib. pulv. gr. v. M.

To be repeated three times daily.

Intestinal Irritation from Dentition.—A child, eleven months old, has suffered from attacks of vomiting, with costiveness, dependent upon dentition. Nothing is needed but a mild laxative.

℞. Magnes. carbon. gr. vj,
Pulv. rhei gr. iij,
" zingib. gr. ij. M.

Idiocy.—John A., an idiotic boy, about ten years old, was brought to the clinic by his father, to see whether medical aid could be of any benefit; but as the case is beyond all possible chance of relief from medication, it was suggested that he be sent to an institution where he could be properly looked after, and have his condition ameliorated.

Wednesday, Jan. 19.

Service of Dr. Pancoast.

Plastic operation to restore a lost cheek, lip, etc.—Samuel S. lost a large portion of his face, about a year ago, by the discharge of a rifle, at ten feet distance, during an attempt at assassination. The septum of the nose was carried away, as well as the ramus of the jaw, the soft parts, and the whole of the upper jaw on the right side, except the floor of the orbit. The side of the mouth is exposed, the tongue being visible externally, as it beats up against the roof of the palate, during articulation especially. The temporal muscle has been left intact, but draws up the upper portion of the ramus of the lower jaw, so as to form a false joint with the inferior portion. The muscles upon the other side of the face, however, give him sufficient power for ordinary purposes of mastication, etc. The flap must be taken from the healthy portion of skin about the chin, from the necessity of the case, that being the only part which has been left in a healthy condition. Dr. P. employs, for the closing of extensive openings, the tongue and groove suture, by which four raw surfaces may be brought securely together. This suture is formed by bevelling the edges of the lower flap, and grooving the upper, and then bringing them in juxtaposition. The French process, by which the flap is loosened and rocked around, to fill up the position of the defective part, is the one to be adopted in this case. Anæsthetics should be given merely to take away the pain of the first incision, as it is expedient that the patient should be sufficiently conscious to be able to spit up the blood that may collect in his mouth. The only doubt of the success of the operation, is the risk of loss of vitality in the flap. The facial artery has been shot away, yet some of its branches remain, and from them we must expect the life of the flaps to be maintained.

The first incision was made in the median line of the lip, and a part of the lower lip, which had been carried over upon the right cheek, was brought around to supply the deficiency of the right half of the upper lip.

A few days afterwards, the parts were found to be united, with the exception of the old and new portions of the upper lip, which presented the appearance of a hare-lip, and will have to be treated accordingly.

Wednesday, Jan. 26.

Congenital Absence of Anus—Operation.—A child, eight months of age, was brought in, which had no

natural anus, a small opening communicating between the bowel and the vagina, through which, with great distress and suffering, the fæcal matter was extruded. The different methods in which the bowel descends, and the different points of termination, were described. We should aim to establish the natural opening, if possible, and to slide the bowel down after separating it from the vagina. Various instruments have been devised for this operation, but the simple forms are to be recommended. In a young child, the lower end of the rectum never approaches the os coccygis as nearly as in the adult. The patient being etherized, a small orifice was made over the position of the natural anus, and a grooved director passed up into the bowel. The mode of operating in such cases, and the different details of the process, were described. The bowel must be brought down and firmly secured, a longitudinal incision being previously made into the culde-sac. The operation, which requires much time and delicacy, was accomplished satisfactorily, and the fæces are now (Saturday) discharged through the anus.

Melanotic Disease of the Eye-ball—Operation.—An illustration of melanotic disease of the eye-ball of three months standing, was introduced for operation. Melanotic growths may be extirpated, and not return. The knife should usually be inserted from the inner canthus, and be carried around the eyeball, cutting off the nerve where it leaves the foramen. In this case the attempt will be made to leave the sclerotic fascia unopened. Cataract may shine like a cancer at the posterior part of the ball, but pain and disfiguration are characteristic of cancer. Sometimes cancerous growths attain a great size, and, returning, may attack the membranes of the brain.

Removal of part of the lower jaw from Encephaloid Disease.—A case of genuine encephaloid disease of the alveolar processes, and the back part of the tongue, was brought in, and it was found necessary to take away a large portion of the lower jaw, the lip being incised in the median line. It was found necessary to divide the facial artery two or three times, as it crossed through the mass. As a rule laid down as absolute by surgical authorities, where the origin of the genio-hyo-glossus muscle is divided, a needle and thread should be passed through the frænum, to prevent the tongue from being pulled back by the hyo-glossi muscles, so as to suffocate the patient by turning it over the larynx. No ligature was applied in this instance, but the tongue was pulled forward when the sense of suffocation became imminent. When inflammation supervened, the muscles did not act, on account of the pain produced by their motion. The case was exhibited at the following clinic; union had taken place throughout the line of the incision, and the sutures were removed. Lint was applied, kept wet with the mouth-wash previously described (p. 313); but a simple gargle will be all that is now necessary. The prognosis of encephaloid disease in the lower jaw is generally more unfavorable than in the upper jaw; for in the latter case the whole mass may be eradicated, while, in the former, the boundaries of the bone are easily crossed, and other parts are involved, to which access is not so easy.

SATURDAY, JAN. 29.

Mammary Adenitis.—A young woman, between twenty and thirty years of age, with a nursing child, had a gathering in the breast. The cellular tissue in this region is frequently the seat of mammary abscess, the fluid being readily diffused. Adenitis exists in this case, a lobule of the gland being inflamed, together with its capsule. Destruction of the integument has taken place, and the mammary gland, exposed by a large ulcer over it, is covered with granulations. The parts require gentle, but skillful treatment, and the avoidance of stimulating ointments. A bland and appropriate form of application may be made as follows:

℞ Ol. ricini, f℥j.
Ceræ albæ, ℥ss.
Balsam. Canadens. ℥j.

The ingredients to be melted together. In warm climates, we may perhaps require a larger quantity of white wax. The breast must be supported by strips of adhesive plaster, or a bandage.

She is pale and weak, and requires a general tonic treatment:

℞ Quiniæ sulphatis.
Ferri carbonatis, āā gr. iss.
Piperin, gr. ss. M.

To be repeated three times a day, the piperine being added to correct any irritant action of the iron upon the bowels. Porter, ale, etc., should be taken also. Over the surface of the breast, a lotion should be applied, made as follows:

℞ Liquor plumbi subacetatis,
Tinct. opii āā f℥j.
Aquæ, Oj. M.

This must be applied upon a piece of linen, kept constantly wet, and over it an oil-silk covering, to protect the dress from discoloration.

Tumor in the Groin.—A man presented himself with a tumor in the left groin, the basis—but not the mass—of which is a lymphatic gland. Matter will doubtless be found around the gland, and must be let out by an incision. The enlargement is of a

non-specific character. As an invariable rule, the surgeon should never lay down his instrument until he has washed and wiped it thoroughly, for fear of inoculating another patient with the specific virus. The incision should not be made in a direction parallel to the fold of the groin, for the wound will gape whenever the thigh is extended. After the matter has been discharged, a simple poultice should be laid over it, and a diaphoretic mixture, for which, as a convenient house mixture, a formula is given:

℞ Aquæ camphoræ,
Liquor ammoniæ acetatis, āā fʒiij,
Spirit. etheris nitrici, fʒij,
Antim. et potass. tartratis,
Morphiæ acetatis, āā gr. j. M.

A teaspoonful to be given every three or four hours.

Scrofulous Enlargement of the Testicle.—A man was brought in with scrofulous enlargement of the left testicle, seated mainly in the epididymis in the back part of the organ, the right epididymis being also involved. Effusion of serum into the tunica vaginalis testis, usually accompanies such an affection. Acute hydrocele takes place suddenly, and depends upon accidental circumstances. In cases of tuberculous deposit in the testicle, the removal of that organ is not recommended, as the disease may return upon the other side. To allow the accumulated fluid to be discharged, a dependent part of the scrotum should be selected for the incision, where no large veins are present to complicate the operation. The body of the testicle is in better condition than the globus major and the globus minor, which are immensely hypertrophied. Lisfranc spoke highly of the application of leeches to the scrotum, as a means of relief. Here it will be necessary to apply fifty or sixty—about forty on the left side and twenty on the right—and to surround the part with a strong lotion of lead-water and laudanum, twice the strength of that recommended in a preceding case. A meconate of lead is formed by the mixture. The diaphoretic compound previously mentioned should also be given, and a purgative dose of compound extract of colocynth, jalap and blue mass—four grains of each—about every fourth night. He must also be put on a mild, unstimulating diet.

Fistula of the Perineum—Stricture of the Urethra.—A case of fistula in the perineum was presented, the urine escaping through the aperture. The history of these affections may be thus stated; a stricture occurring in the urethra, the parts behind become inflamed, the mucous membrane becomes dilated and softened; and the *vis-a-tergo* of the bladder contracting upon the narrowed passage, ruptures it, or ulceration takes place through the weakened membrane; the urine is driven under the perineal fascia into the cellular tissue of the scrotum, and gangrene is very likely to be the consequence. The tumor in the perineum is sometimes smaller than at other times, owing to the amount of contraction of the tissues. The stream of urine passed by a man laboring under stricture, varies; it does not necessarily follow that it must be small. When the urine, instead of passing in a steady stream, trickles on the floor or the foot of the patient, the existence of two strictures may be diagnosticated.

A hard tumor existing over the perineum, a free incision was made through the mass, down to the membranous portion of the urethra, in order to give a ready outlet to the urine, and to prevent it from burrowing in the perineum.

Previous to this operation, instruments were introduced into the meatus urinarius, to detect the position of the strictures. An obstruction was found to exist at the very orifice of the organ, in the fossa navicularis, with a hardening of the tissues. A second stricture, impassable to medium-sized instruments, was also found lower down, and a third doubtless exists.

The anatomy of the parts involved, both in the perineal and urethral regions, was briefly described at the commencement of the examination of the case.

Medical Societies.

NORTHERN MEDICAL ASSOCIATION.

FRIDAY EVENING, OCT. 22, 1858.

Dr. Mayburry, presiding.

TYPHOID FEVER being the subject for discussion, DR. A. C. BOURNONVILLE read a paper, of which we give the following abstract:—

By typhoid fever is understood that peculiar form of continued fever, which is accompanied by more or less lesions of all the organs of the body, but more particularly of certain glands situated in the small intestines, during which also appears a peculiar rash on the surface of the body. It is a fever generally of slow accession, the patient feeling unwell for days, or even weeks, prior to the attack, and then suddenly being attacked with a chill, etc. In some cases there are no prodromic symptoms, but the patient is suddenly stricken down from apparently the most perfect health. As a general rule, the physician does not have the opportunity of observing the access of the fever. The most violent case that had ever came under Dr. B's notice, occurred in the person of a young lady (his wife),

without any premonition whatever; she being suddenly attacked with a violent frontal headache while at the dinner table, followed by chill and fever, the intensity of the symptoms being such as to compel her to leave the table and go at once to bed, where she lay under the symptoms and sequelæ of this fever for a period extending from Christmas day to the 1st of May following. A second case occurred recently, in which the patient was attacked without any premonition or exposure to the influence of the disease, by an access of chill, followed by flashes of heat and prostration; in a few hours there occurred a looseness of the bowels, of not more than twice in 18 hours, the stools consisting of a brown, watery, offensive liquid; then ensued pain and heat in a circumscribed space of about four inches, in the right iliac region. During the night great restlessness was manifested, talking, and dreaming; the pulse about 110 to 120; great tenderness of the abdomen, with tympanites; slight cough, severe headache; the diarrhœa gradually becoming more severe. By the third day, the lungs and liver became affected, as shown by less resonance at the top of the right lung, and more cough; the liver being enlarged, extending about an inch below the ribs.

On the fourth or fifth day were observed numerous minute red spots about the middle of the hypogastric region, which disappeared on pressure. On the sixth day a very slight epistaxis occurred.

On the seventh the diarrhœa had ceased; the abdominal tenderness had moderated; tympanites was leaving; the skin more soft; pulse 84; the tongue cleaning; the countenance more natural in its expression; the urine clear, and he enjoyed a natural quiet sleep for two hours at a time, and everything presented a favorable appearance. At this period, and without any appreciable cause, in many cases, we may have an increase of fever, the tongue again becoming coated, and cracking, perhaps peeling off as it were, leaving a red shining surface, which is indicative of an intense grade of inflammation of the mucous tissue. Along with these phenomena we find, most generally, the brain setting up a train of symptoms; tinnitus aurium, or slight deafness, may be present: intolerance of light may manifest great excitement of the brain: knitting of the brows, incoherent muttering, jerking of the limbs, actual convulsions, and finally death closes the scene, from the fourteenth to the twentieth day. There is noticed an enormous distension of the abdomen, with a loosening of the sphincters, and with all a peculiar odor, especially if the patient is confined in close quarters, with bad ventilation.

The patient may, however, have escaped all these dreadful symptoms, and the most favorable omens present, when acute peritonitis may occur, as a result of perforation of the small intestines. In fact, so numerous and sudden are the changes, that the mortality in this disease is very great. Even when convalescence has commenced, we may have to contend with broncho-pneumonia, phthisis, chronic diarrhœa, *permanent emaciation*, not noticed by any author; tender painful spots in or near the heads of the tibial bones, etc. Cases of this disease are often encountered, where the only actual pathological condition observable is an alteration in the circulatory apparatus, manifested by quickened pulse, the patient hardly sensible of being sick, until obliged to lie down from sheer exhaustion and muscular fatigue, no change being manifested in the mucous tissues, the tongue remaining clear throughout, and the physician being thus much embarrassed in the diagnosis. If a fever is prolonged beyond three or four days, and there is no decided local inflammation, or characteristic symptoms, such as of measles, scarlatina, etc., we may prepare for a case of typhoid fever. Then if there should ensue tenderness of the abdomen, diarrhœa, headache, prostration, etc., there can be no question as to the nature of the disease.

This affection is very liable to be mistaken for typhus fever. The diagnosis can only be made by a careful examination into the previous history of the case, and all the attendant symptoms. Thus, in the latter, we have earlier delirium; the attack, as a general rule, is very sudden and alarming, etc.

We next come to the question as to the possibility of cutting short the disease, and on this point much dispute has arisen. From Dr. B's experience, he was satisfied that in two instances, patients had escaped an attack by absenting themselves from the city, at his suggestion, upon the appearance of certain symptoms.

In one case, a young man living in a family where a violent case had died, was taken with loss of appetite, general malaise, sense of chilliness, dreams at night of frightful nature, general dry and sallow appearance, irregular action of the bowels. He was immediately recommended to leave the city, and in a few days he was as well as ever. This might have occurred had he remained at home, but it produced a strong feeling on the part of the observer in favor of such a course.

Another case was that of a merchant who, during the summer, from having been in general good health, was seized with a languid feeling, loss of appetite, forgetfulness, restlessness, etc., and was restored to perfect health by a change to the sea side for a few weeks. We all know that many cases of debility, etc., are restored by such a change of scenery, nevertheless, we cannot say that such cases as above mentioned might not terminate in typhoid fever.

Dr. B. gave the following extracts from his jour-

nal of cases: Of 51 cases, 9 had died. Of the cases, 11 occurred in January, 6 in February, 3 in March, 3 in April, 2 in May, 3 in June, 4 in August, 10 in September, 4 in October, 2 in November, and 3 in December. The deaths were about equally divided. From this statement, we see that the middle four months of the year had the least number of cases, notwithstanding the heat of summer and its prostrating effects, and, also, that as the weather becomes colder the mortality increases.

Dr. B. gave also some data to show that the mortality has been noticed by many observers to vary much each year.

Dr. Shapleigh, during a residence of two years in Massachusetts, had noticed in hospital practice that the cases were fatal in the proportion of one to eleven; in private practice, one to twenty-two. This did not include those light cases, which are called typhoid, though not deserving of the name. He noticed, also, that they were rare after March, until August. He noticed that physicians did not stimulate there as early as they do here, and the disease seemed different in its accession. Here, it first resembles bilious fever, and runs, as it were, into typhoid. These things may be due to the climate.

Dr. Jos. R. Bryan had considered it generally as a slow fever, but, with Dr. Bournonville, he could say that his own experience had taught him otherwise. He was attacked with this disease when returning home one night from an obstetric case, got home with some difficulty, and from that time was confined in bed, with a violent attack, for about nine or ten weeks. It appears as though it were a protracted remittent, occurring at all seasons, with a tendency to prostration. He did not think that it always depended upon disease of the glands of the intestines. Concerning the treatment, we have no rule. Mild treatment is best—that is, the expectant method. We should produce moderate evacuations of the bowels, use mercury as an alterative, nurse with great care, and, by all means, watch the diet. As a febrifuge, he preferred the liq. ammon. acetat., with sweet spirits of nitre, and ipecac for any pulmonary symptoms. If diarrhœa or delirium ensue, combine with quinia, Dover's powder. He had never used brandy as a stimulant without regret, and would in no case counsel its employment. He had recourse to turpentine and blisters, with which to rouse the system. In place of the alcoholic stimulants, he would prefer to employ light nourishment, and bitter infusions, external irritants, etc.; and should the patient die, he would not be liable to suppose him hurried off, as he might fear would be the case where stimulants were exhibited.

Dr. Wittig referred to the critical days, and considered that the disease originated from miasm and animal decomposition, and perhaps, also, is connected with vegetable decomposition. This miasm acts on the central nervous system, the brain, spinal marrow, and ganglionic system. The distinction between this and remittent fever is marked by the nervous symptoms. We are led to the diagnosis only by a careful observation of all the phenomena. In the treatment, he was expectant. He cautioned the members against the too early use of stimulants, lest when they become more particularly indicated they may have lost their influence. He preferred the decoction of Peruvian bark in the latter part of the disease.

Dr. Maybury was pleased with the paper, but would have preferred to have heard more on the pathology. Concerning contagion, he would say that he held it to be non-contagious, and only under peculiar circumstances, infectious. It differs from typhus in this respect.

If it can be cut short, it is only by sending the patient away when it first presents the prodromic signs. He had obtained this hint from the late Dr. J. K. Mitchell, and had certainly seen such results in his own practice. He regarded the disease as *sui generis*, and was accustomed to divide it into two varieties—*idiopathic* and *symptomatic*. He had an early opportunity of seeing the three distinct forms of fever—remittent, typhus and typhoid—while resident physician in the Philadelphia Hospital. They differed in their attack, symptoms, progress, pathology, and treatment. He invariably found, when death occurred, lesions in the bowels, especially in the glands of Peyer, in this, but not in the other forms of fever. There may be decided remissions, indicating the use of quinia, yet this will not break up the attack. His treatment was usually simple; a rigid diet, consisting of the various farinaceous articles, neutral mixture, or some other febrifuge—often, in the beginning, blue mass, sometimes combined with opium, etc. He deprecated a very heroic practice—the less interference the better. He watched his cases closely, and treated symptoms as they arise. He supported with tonics, such as quinia, serpentaria, etc., and stimulated gently, and not too early. He preferred thin wine whey, and, later, brandy punch; but when the brain was involved to the extent named here this evening, which he had seldom witnessed, great care ought to be exercised in the use of these, if he would resort to them at all. In the foregoing remarks he had reference to *idiopathic*, or *true* typhoid fever. The *symptomatic* he had repeatedly seen cured by sulphate of quinia. But these cases he believed to have been, in reality, protracted remittents.

Dr. Fort had never had any difficulty in the diagno-

sis. He regretted that Dr. Wood's name of *enteric* fever was not more commonly employed. In the country, he had seen much remittent, and but little typhoid, while, in the city, the reverse obtained. He distinguished it by the subsultus, and the low muttering delirium which comes on in a few days. He never knew it to be cut short, but had heard an acquaintance, living in Wilmington, say he could do so by using blue mass and Dover's powder till the gums were touched.

The hour being late, the subject was laid over till another meeting.

Adjourned.

NEW YORK PATHOLOGICAL SOCIETY.

JANUARY 26TH, 1859.

Dr. Dalton, President pro tem.

* * * * * *

After the presentation of a few specimens, among which was one by Dr. Sayre, exhibiting a fracture of the anatomical neck with dislocation, of the humerus, additionally interesting from the difficulty of diagnosis.

Tubercle Coughed Up.—DR. CLARK said—I present here, Mr. President, two small white, or rather brownish bodies, one as large as a kidney bean, the other a little smaller. They were coughed up by a child ten years old. The child, a girl, has had a cough daily for nearly two years. In the opinion of her father, a physician, she has no tubercles. She has never had any hæmoptysis, and he has looked upon the cough lately as rather the effect of habit. About two weeks ago she was seized with a paroxysm of coughing, which lasted extraordinarily long, and only ceased on the discharge of one of these masses. Relief ensued for three or four days, then another paroxysm occurred, followed by the discharge of this piece, when again she felt relieved; now again her cough is returning.

These consist, on microscopical examination, of granular matter, and some epithelial cells, the larger containing some cretaceous matter, and some which has the form and properties of triple phosphate. I infer, therefore, that these are tuberculous matter, that they have been resting some time, and had incorporated with them the phosphate. What is their source? One source for this kind of matter is the bronchial glands, though the fact that mere tuberculous matter incrusts the cretaceous, and there are no remains of tubes, but the fibres in the mass are elastic, and lying in curves in the shape of the outline of air-cells, is rather against this view. The diagnosis of course from this examination is, tubercles sloughing away.

The discharge of tubercles in this form and manner is rare. The only other specimen I have seen was one raised by a missionary from India, who recovered from the attack of this disease, and returned to his labors.

DR. SAYRE remarked that in a child at Bellevue Hospital, he once performed tracheotomy for the relief of the suffering, caused by a loose tubercular mass in the trachea.

DR. GOULEY remarked that he had seen masses in a tuberculous cavity in a child seventeen months old, though no cretaceous infiltration existed in them.

Extraordinary Development of Lymphatic Glands. DR. CLARK—The second case I have to present, is an extraordinary development in the lymphatic glands and spleen of a young man, æt. 16. On first superficial examination, I thought the masses cancerous, but on microscopical investigation, I think them tuberculous, though Dr. Sands thought he recognized cancer cells, but on looking at them I could not satisfy myself in regard to them. The masses are from the size of a pea to that of a hen's egg. Normal cells, and some probably tubercular, can be found in the interspaces or cells of areolar tissue in the masses. One of these chains lay in contact with the diaphragm passing through its opening behind the crura, seemed continuous with some in the abdomen. On the neck was another chain continuing into the thorax, part of its mass being imbedded in the lung and riding the vessels like a saddle. In the upper part of the chest, they were developed in the anterior and posterior mediastina—in the inferior part, in the posterior alone. One chain much embarrassed the right lung.

The lower mass was situated behind the peritoneum, running across the abdomen on the level of the kidneys, completely enveloping the pancreas, though separated from it by a layer of peritoneum. The lacteal glands were perfectly healthy. The spleen was infiltrated with nodules from the size of a pea to that of a nutmeg, and embraced about its hilus with a separate mass.

The history of this case is of considerable interest. A young man who had spent eleven or twelve years at the south, was there repeatedly attacked by intermittent and remittent fever, and took calomel and quinine "in unlimited quanity." The last two or three years he has spent here in pretty good health. Last October he first began to be short-breathed, but observed no other symptom of disease till November, when a cough commenced, which continued during life. From this time he grew gradually worse, and became very pale and œdematous. His dyspnœa became oppressive, and in December the tumor in the abdomen appeared in the epigastric region: this was very tender to the touch. Before this he had had night sweats, irregular in their occurrence; till lately he could lie on either side, but for two weeks

before his death the only position in which he could obtain repose was resting on his knees and head, his face being turned to one side; in this posture he would sleep for a couple of hours. The peculiar whiteness of his countenance with the œdema led to the examination of his urine for albumen, but none could be detected. The night-sweats, the swelling in the abdomen, together with the change in the form of the tumor caused the opinion that it was an abscess; in confirmation of this, in the last four days, he had a diarrhœa, first bilious, then mucous, then purulent; at one time nearly two quarts of pus were passed unmixed with fœcal matter; with these discharges there was a subsidence of the tumor. Post mortem examination showed the cause of these passages to be a dysentery and not an abscess—a painless dysentery.

The three months' cough, the dullness on percussion at the apex, and the mucous rales led me to expect to find tubercles in the right lung; but there were no tubercles in either lung, the dullness on percussion arising from the mass, and from a hepatized (not inflamed) lung; the hepatization being caused by a chronic congestion, the result of the impediment afforded by the chain of enlarged glands: this adds another to the exceptions of Louis' rule, that "in a person of sixteen, tubercles, if existent anywhere, will be found most developed in the lungs." The interesting points are mainly three: the congestion misleading in diagnosis—the exsanguination—and the imitation of the signs of abscess.

DR. BUCK.—At what period did the glandular swellings in the neck show themselves?

DR. CLARK.—I cannot recall, but I have it recorded.

DR. BUCK.—Does not the existence of diseased lymphatic glands in the neck indicate a morbid change in the deeper seated ones, and do we see such extraordinary development in one part without being led to expect it in another?

DR. CLARK.—This affection occurring in a young white person, as an acute disease, did not produce the impression that it might be what is such a very rare occurrence even in others. I would also remark, as interesting, the connection between his exsanguinated appearance and the affection of the spleen—the glands about it embracing its hilus and impeding its circulation; this with the actual deposits in the substance of the organ must have interfered seriously with its function whether hœmatogenetic or otherwise.

There is an act before the Legislature of this State, for the registration of births, marriages and deaths in this city.

Rebiews and Book Notices.

NEW MEDICAL JOURNALS.—It seems that the year 1858 was pregnant with Medical Journals, for the new year has given birth to a whole brood of them from various sections of the country. We have hardly got accustomed to the faces of the *Maine Medical and Surgical Reporter*, the *North Carolina Medical and Surgical Journal*, the *two* Savannah Journals, the *Belmont Medical Journal*, and the *New York Medical Press*, when several others come in to claim a notice. Among them we find some good, and others which had better never have been conceived!

1. The *Semi-Monthly Medical News* is the title of a journal hailing from Louisville, Ky., and edited by Drs. S. M. Bemiss and J. W. Benson, both professors in the University of Louisville. We have received one number, and it makes an exceedingly creditable appearance, and seems to be conducted in a sprightly manner. Semi-monthly, 32 pages, $3 per annum in advance.

2. The *Louisville Medical Gazette*, also semi-monthly, edited by Dr. L. J. Frazee, 24 pages, $2 per annum. This journal we see announced in the Boston Medical and Surgical Journal. It is, we suppose, issued by the faculty of a rival school. If one of these journals does not absorb the other soon, both will die before long, for want of support. We take the frequent issue of the above journals, as additional evidence of the correctness of our judgment in respect to the wants of the profession, and which induced us to start a weekly medical journal.*

3. The *Saint Joseph Journal of Medicine and Surgery* is a sprightly bi-monthly journal of 24 pages, issued under the auspices and supervision of the St. Joseph Medical Society. The present editorial committee consists of Drs. J. H. Crane, O. B. Knode and G. C. Catlett. The *esprit de corps* that gave birth to this enterprise promises great things for the St. Joseph Medical Society, and we trust the profession of Missouri will give it a hearty support. $1.50 in advance; otherwise $2.00. *Will the editors please forward us numbers* 1 *and* 2.

4. The Boston Journal mentions another, hailing from California, the *Marysville Medical and Surgical Reporter*, the editors being Drs. L. Hubbard and B. H. Teed, but we judge from the title page, and our confrere's notice of the work, that it is a mere advertisement, having little claim to support.

5. Lastly, we have one from the Dirigo State, which has elicited the following "first rate notice:"

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* Since writing the above, No. 2 of the Gazette has come to hand. It makes a creditable appearance—is somewhat smaller than the Medical News, and is published at $2 per annum.

"THE FRANKLIN JOURNAL OF AURAL SURGERY AND RATIONAL MEDICINE. A. YOUNG, JR., Aural Surgeon, Editor. Farmington, Maine, January 15, 1859. Vol. 1, No. 1.

The object of this journal we believe to be the advertisement of the said 'A. Young, Jr., Aural Surgeon,' and a disguise intended to reach the *ears* of the public in general, as a shrewd speculation for the benefit of a specialist. Perhaps it may be considered entirely orthodox 'down east,' where professional advertising seems to be allowable. The present number is inane of everything but editorial nflation.

The editor is just in time with his claims as the discoverer of ether inhalation, to join in the anæsthesia controversy now raging. Hear him! 'Be it remembered, that as early as 1844, we made use of a handkerchief saturated with ether, and applied it to the mouth and nostrils of a cat sadly troubled with fits. The spasms were instantly removed. We considered the thing a blessing to that cat, but we actually forgot to tell it until the Morton and Jackson pamphlets appeared." Shade of Wells—stand aghast! O presumptuous Morton and Jackson—hide your diminished heads!!"

Editorial.

We are indebted to the editors of the *New York Medical Press*, for their complimentary expressions in regard to the style and appearance of this journal, and for mutual emulation, accept their offered sentiment,—*Palmam qui meruit ferat*,—to award the guerdon.

We warmly welcomed the advent of the *Press* into the field of labor with the weeklies,—a field surely large enough for us both to toil in competition, separately, and still be united in a common purpose to aid in the advancement of medical science, and serve the interest of the medical profession.

The last number of the *Press* says of the REPORTER,—"We wish it success, and shall always welcome it on our table. We intend, if we can, to excel it, not an easy task, we admit, to accomplish,—but yet we will make the effort." Now we offer to enter the lists with them, and first giving them the hand of fellowship and good-will, throw the gauntlets into the arena, for an honorable contest.

The success they, with kindness, wish the REPORTER, is already accomplished; the subscription list being one of the largest in this country, having commenced the year with an edition of three thousand copies, and the number of the subscribers in this city being greater, it is believed, than that of all other journals combined.

The *Press* states that its object is to set forth the advantages of New York and its medical schools, and says that the object of this journal is the same with regard to the city of Philadelphia. Now the REPORTER occupies a broader domain. The medical colleges of this city hold too permanently the leading position on this continent, to require the adventitious puffing of a medical journal to sustain them, and as the REPORTER disclaims to be anything but a journal for the whole profession, we do not except from its objects, the medical interests of any class or locality.

As a weekly series is now an element in American, as it has been for a long time in European medical journalism, we believe that the only impediments to such undertakings will be their own deficiencies, and that their eventual success will depend entirely on their intrinsic merits.

NEW METHOD OF REDUCING LUXATIONS OF THE HUMERUS.

In the REPORTER of last week, on pages 309 and 310, in an account of the reduction of a dislocated humerus by manipulation, by Professor Henry H. Smith, typographical errors unfortunately occurred, which rendered the description quite obscure. As it is important to have a full and clear statement of Dr. Smith's procedure in such cases, we have obtained the following detailed account of his method, which he has successfully practiced for some time past.

To reduce a luxation of the head of the humerus, into the axilla, etherize the patient; then carry the elbow about 45 degrees from the side of the body, and flex the fore-arm to a right angle with the arm, so that the palm of the hand presents to the patient's abdomen; then using the fore-arm as a lever, rotate the

head of the humerus forward and upward by making the hand describe a semi-circle from before backward, until the palm of the hand looks up, the elbow being kept off from the side; then holding the fore-arm in its semi-flexed position, with the palm looking to the operator, carry the elbow gently into the side, and quickly—but without force—rotate the head of the humerus backward and upward by versing the motion of the fore-arm, so as to cause the hand to describe an entire circle. When this manipulation is well performed, the reduction is prompt and very easy, especially when the scapula is steadied by the hand of an assistant.

In the anterior or posterior luxations, carry the arm as nearly perpendicularly upward as is necessary, or in such a position as will throw the head of the humerus into the axilla, and proceed as before.

Periscope.

Treatment of Aneurism by Digital Compression.—We direct the attention of all interested in the important subject of the treatment of aneurism by digital compression, to an elaborate article on the subject, in the *North American Medico-Chirurgical Review* for January, by Dr. S. W. Gross, the intelligent associate editor of that Journal.

Dr. Gross has, evidently after much research, tabulated all the recorded cases, twenty-three in number, by that treatment, and we copy the following corollaries which he has appended

Digital compression, uncombined with apparatus, was first attended with success in the hands of Dr. J. Knight, but to M. Vanzetti is due the merit of having first introduced it into practice.

It has never been followed by any bad consequences, and when not successful, it so modifies the tumor and the collateral circulation, as to render a cure by other means almost certain.

It has been employed alone, either previously or subsequently to mechanical compression, in fourteen instances, eight being failures.

In only seven cases has it been employed primarily and alone, and, in all but two, with perfect success.

When double and alternating, it has effected cures in every case, five in number, and therefore deserves special attention.

In most of the cases the compression has been total; but this is not necessary for a favorable result.

It has effected cures, whether it was continued, interrupted, or intermittent; in some cases the patient applying the pressure.

When properly employed, and continued for a sufficient length of time, and the cases are suitable ones, it can scarcely fail to accomplish a cure; inguinal aneurisms are not fit cases for this procedure.

It is less apt to give rise to inflammation of the integument, and has been borne when mechanical pressure has produced an eschar.

It can be used when apparatus has failed, or is intolerable: in a majority of these cases, cures have been accomplished.

In certain situations it can be made to bear upon the artery alone; it is far less painful, and requires a much shorter time for cure than any other method of treatment.

Pancreatin as a Therapeutic Agent.—Dr. Nunn, of Savannah, Ga., (*Savannah Journal of Medicine,*) is using the secretion of the pancreas as a remedy in certain conditions of dyspepsia. "According to the most eminent physiologists, the use of pancreatin is to chymify certain nutrient substances on which the gastric juices will not react; hence it is indicated in those cases of indigestion where a sense of fullness and other dyspeptic symptoms appear an hour or two after meal. Again, its application must prove beneficial when fatty matters are not digested, as is often the case in the administration of cod liver oil; moreover, it assists in the alteration and assimilation of starch and other amylaceous substances.

A consideration of the difference of action of the two principal digestive elements, pepsin and pancreatin, will satisfactorily account for the failure of the former to afford any relief in many cases of dyspepsia.

Pancreatin is prepared for administration as follows: The expressed juice of the pancreas is mixed with an equal weight of starch, and quickly and carefully dried, at a low temperature. The dry mass is then powdered and preserved in close stoppered bottles. This powder is at present given in doses of thirty grains at every meal."

Medical News.

THE CHILDREN'S HOSPITAL.—From the report to the contributors to this valuable institution, presented on the 12th of November last, we learn that it is still doing much for the comfort of the sick children of the poor. While the limited means at

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 121. PHILADELPHIA, FEBRUARY 12, 1859. NEW SERIES, VOL. I. NO. 20.

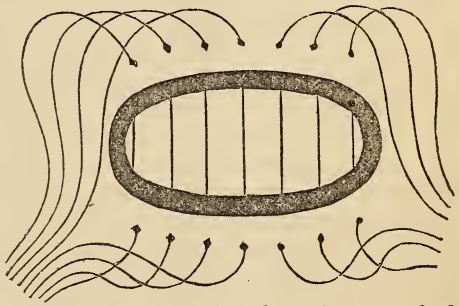
Original Communications.

A Case of Vesico-Vaginal Fistula.

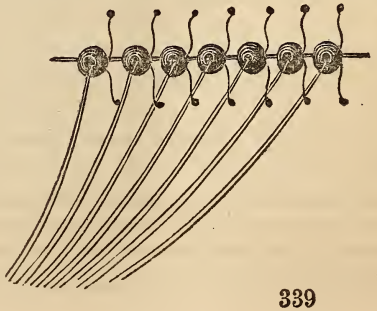
By D. Hayes Agnew, M.D.,

Lecturer on Anatomy; Surgeon to the Philadelphia Hospital.

Catharine ——, a young woman aged 19, was seized with labor pains September, 1858, at the Philadelphia Hospital. In consequence of the great size of the fœtal head it became completely impacted in the pelvic cavity. After inefficient efforts to deliver by the forceps, the operation of craniotomy was resorted to by Dr. R. K. Smith, Chief Resident Physician, and the child readily removed. In consequence, however, of the pressure inflicted upon the anterior wall of the vagina, a slough in a few days separated, opening a communication between that cavity and the bladder, when the discharge of urine by the new opening sufficiently revealed the state of the parts. An examination, some weeks after, showed that in addition to the fistula, the urethra had become closed by lymph effused during the inflammation following the accident. A trocar was carried along the canal dividing the obstruction, and a catheter passed in with a view to restore the passage, after which, on the 16th of December following, the parts having become sufficiently callous, an operation was attempted for her relief, her bowels having the day previous been well emptied. She was placed under the influence of a mixture of ether and chloroform, turned upon the abdomen, the hips being supported in the elevated position, and the parts exposed by the introduction of Dr. Sim's speculum. The fistula, which was transverse through the *trigone vesicæ*, and exceeding an inch in its greatest diameter, could now be very well seen. The edges were seized with a pair of rat-toothed forceps, placed upon the stretch, and with a straight, sharp-pointed bistoury, pared in their whole extent. Seven needles, slightly curved at the point, each armed with a silver suture, were carried successively, by means of Gemrig's needle holder, through the edges of the wound down to—but not beyond—the vesical mucous membrane, presenting an appear ance as in the annexed cut.

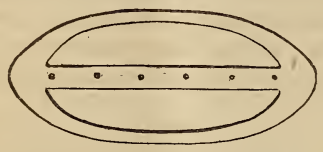


These sutures being brought out of the vagina, and carefully separated from each other, the two ends of each were passed through a perforated disc of metal, as used and figured in Dr. Sim's pamphlet on vesico-vaginal fistula, which being carried down to the wound, and the wires drawn upon, approximated the edges very completely. Perforated shot were next run down each suture and clamped by means



of a long pair of strong-bladed forceps, as illustrated in the cut.

In a former case of very extensive transverse vesico-vaginal fistula, which I treated successfully—an account of which will appear among the transactions of the College of Physicians—the wires were passed through the Bozeman button, which I had modified to answer purposes conceived to be important. The form of this button is shown below.



The sutures were next collected together and passed through a small tube of gutta percha to protect the parts from excoriation; a catheter carried into the bladder, to which was attached a flexible piece of tubing designed to convey the urine into a bottle properly placed for its reception; the patient was placed in bed, and an anodyne administered. The whole time consumed in etherization and the operation did not exceed one hour. Everything progressed favorably until the third day, when notwithstanding opium had been given to keep the bowels confined, diarrhœa, attended with considerable straining came on, which was finally controlled by enemata of laudanum. To make the case more embarrassing, a cough, which she had been troubled with for some time previous to the operation, harrassed her so much, notwithstanding anodynes were freely administered, as sometimes to drive the catheter out of the bladder. On December the 27th the sutures were removed, when the union was found to be complete.* They had been allowed to remain eleven days without any signs of ulceration or irritation. The catheter was kept in the bladder a few days longer, in order that the cicatrix should not be endangered. The unremitting attention of Drs. Darby, Richardson, and Taylor, under whose care the patient was placed, accomplished much for the success of the operation.

* It was discovered some time after that a point, so small as to have escaped notice in several examinations, had not united. It was subsequently closed by a stitch of the silver suture.

On Tuberculosis and its Treatment.

No. 3.

By George J. Ziegler, M. D.,

Physician to the Home for Invalids with Diseases of the Chest, Philadelphia.

In our last communication we pointed out the general principles upon which the treatment of tuberculosis should be conducted. It was there shown that it was not the part of wisdom to rely too exclusively upon one article or a limited number of articles, nor upon one class of influences to the exclusion of all others, but rather in accordance with the teachings of a wise discretion, to resort to everything which promises to be useful, whether of a hygienic or medicinal character, of a physical or psychical nature. It was also shown that the course of treatment most strongly indicated was of a conservative, corroborant, and non-perturbative character.

Having thus presented an outline of the general principles involved in the treatment of this affection, we shall proceed to consider the subject in its special relations, with a view to a more detailed exposition of the particular course and remedies required.

Proceeding, then, from the general to the special, in accordance with the previous conclusions, the treatment of tuberculosis may be resolved into both hygienic and medicinal. The hygienic, still further, into psychical and physical, or by means directed to influence the mind as well as the body. The medicinal is divided into general and local. The whole may be tabulated thus:

Treatment of Tuberculosis.

I. Conservative, corroborant, and non-perturbative.

- A. Hygienic treatment.
  - a. Psychical hygiene.
  - b. Physical "
- B. Medicinal treatment.
  - a. General "
  - b. Local "

A. Hygienic treatment: — The hygienic treatment of tuberculosis is of the utmost im-

portance. It must necessarily be the basis of all medication in this, as it is in reality in all other forms of disease. In fact, the first and most essential thing in the treatment of disease in general, and this one in particular, is to surround those afflicted with all the best possible hygienic influences. These, of themselves, without the aid of medication, are often sufficient to remove abnormal and restore normal action. The influence of hygiene, therefore, becomes a necessity in the treatment of disease, and cannot be overlooked or disregarded without violating the soundest and most fundamental principles of medical philosophy. The general success, therefore, in resolving the tuberculous or any other disease, will necessarily be dependent upon the degree in which the influence of hygiene can be brought into operation.

In consequence, then, of the vital importance of the subject, a few general observations on the scope, nature, relations, and objects of hygiene, may not be inappropriate, for though in theory its value is fully acknowledged, in practice it is too often overlooked or greatly disregarded.

Hygiene, in its most extensive signification, includes everything of a salutary nature that relates to the preservation and restoration of health. It is, however, usually restricted to those things which are essential to the conservation of the normal or physiological state, while on the other hand, the term Therapeutics is employed to designate those extraneous or sanitary measures which are more immediately useful in removing the abnormal and in restoring the healthy condition. These distinctions are not, however, in all cases, so very definite, for some things are both useful in preserving and in restoring health. Thus, for instance, water acts at one and the same time, both as a hygienic and therapeutic agent. These divisions sometimes thus approximate so very closely as to almost merge into each other, though they are, in the main, sufficiently distinctive for practical purposes, and are well established in medical terminology. They are also intimately connected with those other well known branches of medicine—physiology and pathology, which were incidentally alluded to in their discussion, and to which they bear a somewhat secondary relation. Thus physiology and pathology, hygiene and therapeutics, or physiology and hygiene, pathology and therapeutics, stand in immediate and consecutive relation.

The object, then, of hygiene, is to keep up the healthy balance between the different organs and parts of the economy, and preserve the normal integrity and energy of the whole organism, without resorting to those objects included under the term of medicaments.

It is therefore a matter of primary importance to so direct the hygienic treatment of disease as to regulate the vital income and expenditure, and restore the equilibrium between the different functions and processes of the economy. This is especially necessary with the organic or vegetative functions, upon the efficient action of which the resolution of disease and the existence of life itself depends. Hence in all cases, and in tuberculous affections particularly, special attention should be directed to restore the healthy condition of, and general harmony between the important processes of digestion, absorption, circulation, æration, assimilation, disintegration, depuration, and other well known functions of organic life. And not only of these, but also those of the animal and psychical life, as well as those concerned in the processes of reproduction.

Under the head of hygiene are included quite a number and variety of objects, presenting distinct and characteristic peculiarities. Some of the principal and most important of these are aliment, air, water, exercise, excretions, bathing, clothing, etc. Also, meteorological influences, as light, heat, electricity, the density, moisture and purity of the atmosphere, and other peculiarities included in the general term of climate. Besides these there are others more immediately connected with the psychical faculties, as of a moral, emotional and intellectual nature; and also such as relate to their passive condition, as repose or sleep.

A Case of Frosted Penis.

REPORTED BY J. T. DARBY, M. D.,

One of the Resident Physicians at the Philadelphia Hospital.

Joshua Harman, negro, aged 30 years, was admitted into the Philadelphia Hospital, January 14th, 1859. He had been discharged from the venereal wards cured of phagedenic chancre of the prepuce. On the fifth day after having been discharged, he was re-admitted. The patient, when visited, was complaining of great pain, and on making an examination his penis was found much swollen with the glans congested from paraphimosis. There was no abrasion, to induce the belief that the chancre had returned, or that he had again contracted syphilis. The shining, glossy appearance of the skin of the penis, indicated that a high degree of inflammatory action had caused effusion of serum. Not being able to diagnosticate the cause of so much inflammation, the following account was obtained from the patient.

After his discharge he concluded to go to Wilmington, Delaware, his home, a distance of twenty-eight miles. Not having money sufficient to go by railway, he walked the whole distance, and being very thinly clad he suffered much from cold, which particularly affected his fingers and penis with smarting, tingling pains. After a time the pain ceased, and he gradually lost all sensation in the parts, and it was not until his arrival in Wilmington at night, and after having warmed himself, that he again suffered. On sensation returning, severe pain was experienced, and by morning the ends of his fingers and penis were much swollen. In this state, he was re-admitted, no remedies having, until that time, been applied.

In taking into consideration his own history, the fact of the thermometer ranging between 2° and 10° Farenheit below zero, (Monday 10th,) the cuticular surface, where there had been chancre, being large and delicate in structure, and thus more liable to be affected by cold, the distance walked, the scanty clothing, together with frost bite of the fingers, I was led to believe that there was frost-bite of the penis.

This case was shown to the clinical class, on account of the rareness of such occurrences in this latitude. Such instances, indeed, are unfrequent in any latitude, and under circumstances only where there is long-continued exposure to cold, do we have similar examples; such for instance, as occurred in the French army on their retreat from Moscow, or more recently, several cases which Dr. Hammond of the U. S. A. has related to me as having been seen by him, in men long mounted in the saddle, whilst on duty in the late military expedition to Kansas.

This patient has recovered under the usual remedies administered in frost-bite.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

WEDNESDAY, JANUARY 22.

Disease of the Mitral Valve.—(Continued from page 325.)—In consequence of the valve not closing completely during the contraction of the ventricle, the blood is forced back into the left auricle, the flow of blood through the pulmonary veins and artery is necessarily impeded, and the right auricle steadily distended. If the patient is anæmic, the walls of the heart become flaccid, and yield to the distending force of the accumulated blood within the right auricle.

In consequence of the regurgitation through the mitral valve, the system does not receive sufficient blood; the various organs call upon the nerve centre for an increased supply, the left ventricle is stimulated into increased activity—it is compelled to do more work, and, upon the same principle as the muscles in an actively used arm grow in consequence of the exercise, the muscular walls of the ventricles grow—become hypertrophied.

The deficient supply of blood to the various organs has another effect, inasmuch as the functional activities are impaired, the secretions and excretions not properly elaborated, and in consequence the blood itself loses its normal character, the blood corpuscles are diminished in number, and the patient becomes anæmic. The effects of this anæmia in producing dilatation of the auricle has been above alluded to.

Treatment.—The first indication is to remove the rheumatism under which this patient labors; for this purpose give pulv. ipecac. et opü gr. 5, with pil. hydrarg. gr. 2, every 6 hours, and keep the bowels open. As soon as he is relieved of the rheumatism, give iron to improve the blood, and digitalis or

veratrum viride to lessen the frequency of the heart.

Pseudo Membranous Laryngitis.—A young woman, about 23 years of age, applied some weeks ago for admission into the Hospital in consequence of chronic bronchitis. She was treated for this affection and rapidly improved. From some cause or other, she was seized with inflammation of the tonsils. The ordinary symptoms of tonsilitis were presented—swelling outside, mouth open, nasal voice, difficulty of swallowing and speaking. Last week one tonsil particularly was enormously swollen, and as the time of suppuration had arrived, I requested Dr. Smith to lance the tonsil. She was much relieved, but on the following night great difficulty of breathing occurred, which increased until death came to her relief.

I supposed that it was a case of sudden submucous laryngitis. I formed my opinion upon the fact, that I have never yet seen a case of death from simple tonsilitis. Upon making the post-mortem examination, we found it to be a case of pseudo membranous laryngitis. There was a tube of false membrane extending from the epiglottis down to the extreme ramifications of the bronchi.

This affection is very rare in adults, in an infant this would have been a case of pseudo-membranous croup.

[We have been struck with the resemblance of of the symptoms of the above case and those of a peculiar affection prevailing epidemically in some parts of England. We refer to *Diptheria*, the symptoms of which, according to several communications in the London Lancet, for January, are—high state of fever, rapid feeble pulse, great difficulty in swallowing, hurried respiration, dusky erysipelatous redness of the velum palati, uvula and pharynx, enormously swollen tonsils of the same dark red color. The breathing becomes stertorous, deglutition almost impossible from the great pain, and the voice is hoarse and indistinct.

The cases, when fatal, terminate either by rapid prostration of the vital powers, or by an affection simulating croup, from the extension of diphtheritic membrane into the air passages.—REP.]

Service of Dr. Peace.

Post-Mortem Specimen.—An interesting post-mortem specimen, indirectly the result of a strangulated hernia, was presented to the class.

About nine months ago, the patient from whom this specimen was removed, applied to one of our colleges in consequence of a strangulated inguinal hernia. With some difficulty it was reduced by taxis.

The eminent surgeon under whose care he came, attended him for four or five weeks after the operation, in consequence of oft recurring pain in the abdomen. Under proper treatment he was relieved for a time; but lately the painful attacks returned with increased severity, and in consequence he applied for admission into the Hospital.

Upon examining the patient, a slight swelling was observed in the left groin, which was somewhat painful upon pressure. A day or two after his admission, costiveness and tympanites, with great pain in the abdomen came on; he was relieved by injections.

Dr. Hutchinson, upon examining the stools, noticed that the feces were flattened tape-like. There was evidently some obstruction in the course of the bowel. A few days subsequently this flattened appearance was not to be detected, but the feces were still of a small size. On Sunday afternoon, feeling uncommonly well, he went to the dinner table and ate most ravenously, seizing upon every piece of meat that he could find. At 9 o'clock in the evening, intense pain in the abdomen, with all the signs of peritonitis came on, and at 2 in the morning he was a corpse.

Upon opening the abdomen the peritoneum was found to be highly inflamed, and in the cavity of the abdomen were a large quantity of the contents of the bowels. It was evident that the escape of the intestinal contents was the cause of the peritonitis.

Immediately opposite the inguinal canal the bowel was almost completely closed by a stricture through which a small sized catheter could barely pass. Immediately above the stricture the bowel was very much distended, and at one portion there was a large ulcerated perforation, through which the fecal matter had passed. The original cause of the stricture is evident; at the time that he was laboring under the strangulated hernia, not only intestine, but also omentum was embraced in the constriction, and when the hernia was reduced, a portion of the omentum remained, which, in consequence of the efforts made during taxis, became inflamed and became glued by the exudation of fibrin to the abdominal walls; the contiguous intestine also became involved in the fibrinous exudation, and in consequence the stricture occurred.

Intracapsular Fracture of the Neck of the Femur.—A patient was brought into the house about five weeks ago, in consequence of the above fracture.

The patient was about 75 years of age.

We at first endeavored to use a splint, but were soon obliged to desist from our efforts. The limb was then placed upon pillows. This mode of treatment we were also obliged to relinquish in consequence of the occurrence of bed sores. We finally resorted to the use of the water bed. Notwithstanding all our care, the patient died last Tuesday.

The Doctor then exhibited the femur to the class, and spoke of the great rarity of the osseous union of fractures of the neck of the femur within the capsule.

In the course of these remarks Dr. Peace stated that he had in his possession a copy of Sir Astley Cooper's works, in which was contained, in the hand writing of Sir Astley, the note: "I have lately met with a case of fracture of the neck of the femur within the capsule, in which I am not certain that bony union did not take place."

SATURDAY, JAN. 29.

Service of Dr. Wood.

Intermittent Epilepsy.—It may be remembered that this was a case of epilepsy, occurring at regular stated intervals.

Under the use of quinia, he had not a return of the paroxysm for six weeks, (not three weeks, as previously reported,) at the expiration of this time he had three attacks in rapid succession. At present all treatment is suspended. Yesterday was the regular day for an attack, but excepting a slight nervous irregularity he passed the day comfortably.

Paralysis, general palsy without effecting the face, pain in the cervical and upper dorsal vertebræ; there is probably inflammation of the upper portion of the spinal marrow.

Treatment.—Revulsive and supporting at the same time; cup, blister, good diet.

Paralysis of Lower Limbs.—This patient is evidently laboring under syphilis, there being a large node upon the tibia. The paralysis of the lower extremities is probably due to a syphilitic inflammation of the periosteum of the vertebræ, producing a condition similar to a node, which, pressing upon the spinal marrow, produces the paralysis.

Treatment.—Cup, blister, purge, iodide of pottassium with pil. hyd.

The Case of Quinia Amaurosis, previously reported, is getting much better under the treatment before mentioned. He has so far recovered his sight as to be able to read.

Rheumatic Affection of the Base of the Brain.—(Before reported.)—We have given this man colchicum and pil. hydrarg., but were obliged to suspend their use in consequence of the irritability of the bowels; the same was the case with sulphur. In consequence of the very frequent pulse, we have given the tincture of veratum viride, five drops every four hours. It has certainly had a very great effect in diminishing the frequency of the pulse.

Dr. Wood then announced that his term of service had expired.

Dr. W. W. Gerhard will serve in the place of Dr. Pepper, resigned.

PHILADELPHIA HOSPITAL.

Service of Dr. D. Hayes Agnew.

Reported by Thomas L. Taylor, M. D.

Neuralgia of the Eye-ball.—A man was brought before the class suffering so much from pain within the orbit as to insist upon the removal of the eye. There was no vision, an accident having some time before produced a violent inflammation, which resulted in its disorganization. The interesting feature in the case is the disappearance of the fat usually packed around the organ, and in consequence of its removal the recti muscles have drawn the eye so forcibly back as to compress the nerves in the posterior part of the orbit. The great suffering which the patient complains of may be therefore considered as neuralgic. To relieve this, full doses of anodynes were advised internally, and unguentum belladonnæ to be rubbed over the brow. Should this not succeed, then we shall divide some of the straight muscles, taking off the pressure in this way.*

Lichen.—A woman had an affection of the skin, covering the hands, arms and body. Dr. Agnew remarked that such affections, when of long standing, subjected, as they often are, to the nails of the patient and irritating applications, are often so altered from their original appearances as to render a careful examination necessary in order to determine their proper family alliances. In this case the skin was fissured, and laminæ of scales adhered; this was, however, only the result of its duration and long-continued irritation, inducing a hypertrophy of the vessels supplying the derma. On portions, however, of the body just invaded, small clusters of conical papulæ show this to be a case of *lichen*. It is frequently seen on the hands, and commonly designated as tetter. It is confessedly obstinate, and prone to return after being cured. The arsenical preparations promise most success in the management of such affections, either alone, in the form of Fowler's solution, 3 drops twice a day, or in combination with iodine, as the arsenici iodidum, 1-12 gr. twice a day, or with iodine and mercury, as the liquor arsenici et hydrargyri iodidi, 2 drops morning and evening. The last was directed to be used, and an ointment rubbed over the parts composed of protochloride of mercury grs. xv, acetate of lead grs. xx, lard ℥j.

Double Cataract.—A woman was brought forward unable to see, in consequence of cataract affecting both eyes. After explaining the nature of the disease, and the different operations, the lenses were both couched at the same sitting, by carrying a

* This patient was completely relieved by the anodynes.

needle through the posterior chamber, lacerating the capsule, and burying the opaque lens in the under part of the vitreous humor. The great importance of the after treatment was insisted upon, as the exclusion of light, cold applications, full doses of anodynes, and, in the event of inflammation setting in, antiphlogistics.

Cancer of the Neck.—This woman discovered, about a twelvemonth ago, a small pimple on the side of the neck, just below the angle of the jaw; it became a scab, cracked and discharged an irritating fluid, and has continued to extend both in depth and circumference, until, as you see, it involves one half of the right side of the neck. A deep, foul ulcer, with jagged edges, exists, and the discharge is exceedingly offensive: not a gland in the neighborhood appears to be involved: her age is about 50. It probably commenced as an epithelioma. It is not a case for the knife or caustic. Our duty is to palliate, and with this end in view we shall prescribe quinia, ext. quassia and proto-carbonate of iron, good nutritious diet, and to remove the unpleasant odor, an application of liquor sodæ chlorinatæ.

Lachrymal Fistula.—Two years ago this patient had a conjunctivitis, followed by a swelling below the inner canthus, which continued to increase until the skin became red, ulcerated, and pus was discharged. The tears have since been running over the lid upon the cheek, excoriating the skin. This is a case of lachrymal fistula. There exists a stricture in the lachrymal sac, which prevents the tears passing into the nose. The treatment indicated here is to divide that stricture by introducing a narrow sharp-pointed bistoury into the duct, and lodging in it a piece of metal called a style. The value of the internal palpebraral ligament, and the inner termination of the inferior margin of the orbit, were mentioned as points to direct the surgeon into the sac, after which the operation was performed. The subsequent treatment to consist of the removal of the style every 3 or 4 days, and syringing the lachrymal passages with tepid water.

Hernia Humoralis.—This patient had a gonorrhœa of several weeks standing, accompanied with enlargement of the epididymis. It is often the case that when the epididymis becomes affected, the urethral discharge ceases. In this case it will be proper to first attack the swelling; afterward, if the discharge does not disappear, it must be attended to. With the first object in view a saline purgative was prescribed, the scrotum ordered to be supported, and cold applications, medicated with tinct. opii, applied. For his gonorrhœa, if it should demand it, an injection of potass. chlor. ʒj, aquæ f ʒvj.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

SATURDAY, JAN. 29

Service of Dr. Henry H. Smith.

Tumor of the Breast.—A negro girl, 15 years old, presented a large heavy tumor, which involved the whole left mamma. She related that about a year previously she had received a blow upon the part, and shortly afterwards perceived a hard lump of small size imbedded in the mammary gland. This had gradually increased in size, until a hard smooth tumor, of great weight, involving the whole breast, had resulted. It was pendulous, and did not adhere to the pectoral muscle, nor was there any decided retraction of the nipple, which, however, was quite flattened to the level of the areola.

There was no enlargement of the lymphatics of the neck or axilla, and there had been no lancinating pains in the growth, which was, however, the seat occasionally of uneasy, tingling sensations. As the tumor was growing quite rapidly, it was deemed proper to extirpate it before it attained a greater size, or had contracted adhesions to the surrounding parts, and this would be done on the following clinical day.

Sloughing Ulcer.—A laboring man had an ulcer of moderate size on the outer side of his leg. The parts surrounding it were red and inflamed, and the central portion of the sore was occupied by a dark-colored pultaceous slough. Dr. Agnew said that in such a condition the pressure of adhesive strips, so well calculated for the treatment of the indolent ulcer, would only increase the violence of the disorder. The patient was therefore directed to be purged thoroughly, and put in bed, with the affected limb elevated on an inclined plane, and the sore dressed with lint steeped in the following lotion:

℞. Potassæ chloratis ʒj.
Aquæ f ʒvj. M.

Ganglion of the Wrist—Extirpation.—The young woman described in our last report as having had evacuated from a synovial cyst, near the wrist, a number of rice-like bodies, returned for the purpose of having an operation performed for the radical cure of her disorder. This consisted in cutting down upon the cyst, and excising a moderate sized portion of it with scissors. In the inflammation which will follow this operation, it is probable that the whole sac will be obliterated.

WEDNESDAY, FEB. 2.

Service of Dr. Henry H. Smith.

Huge Congenital Umbilical Hernia—Cure.—In the REPORTER for Dec. 17, 1858, p. 191, will be found the details of a case of umbilical hernia, in a child

three weeks old, which presented an ulcerated tumor the size of an orange. At that time the tumor could not be completely reduced, but on a subsequent occasion complete reduction had been effected, and careful after-treatment had succeeded in healing the ulcer. The child was rapidly improving in health, and the only consequence of its disorder was a small readily reducible hernia, not larger than a chestnut, which, as the skin over it is sound, can readily be retained by a truss. The case had certainly turned out much better than might have been anticipated, and illustrated the propriety of doing all that is possible, even in those cases which are apparently hopeless.

Torticollis.—A little girl had suffered for some time from the condition known as *torticollis*, or *wry-neck*. It came on gradually, about a year ago, after an attack of fever, the exact character of which could not be learned from the child's mother. There had been *no convulsions*. Such cases, Dr. Smith remarked, presented a condition similar to that noted in strabismus, or in club foot, one set of muscles being preternaturally contracted, while their antagonists were relaxed. The muscle chiefly affected in this case was the sterno-cleido-mastoid, which became prominent and rigid whenever an attempt was made to straighten the head. Mechanical means would first be resorted to in the attempt to correct this condition. An apparatus, which should use the hips as points of support, and steady the shoulders, would be fitted to the child, and so contrived that two pads, each moveable by a screw, should make pressure, one on the chin, and the other on the side of the occiput of the opposite side.

By gradual turns of the screw an attempt would be made to bring the head straight. If, however, the resistance offered by the contracted muscle could not be overcome without the exertion of such a degree of force as would produce ulceration of the integuments at the points of pressure, the operation of myotomy would be resorted to, and the sterno-cleido-mastoid muscle divided near its attachment to the sternum — an operation, the performance of which would require great caution to avoid the external jugular vein, as well as the deeper vessels.

Ulcerated Cancer of the Breast.—A middle-aged woman presented a livid tumor, the size of a child's head, in her left breast. It had existed 18 months, was firm and immovable, and an ulcer several inches in circumference occupied the region of the nipple. The tumor first made its appearance as a small hard lump in the substance of the breast, which first attracted the patient's notice two years previously. This lump gradually increased in size, and involved the whole gland, which, however, was not adherent to the deeper parts until about 9 months ago, when it became more and more firmly attached, until it was now quite immovable. Lancinating pains occurred at intervals from the commencement of the complaint.

A short time after the diseased mass became adherent, the skin around the nipple, which had been for some time becoming thinner and thinner, gave way, and the ulcer now existing gradually attained its present size. From the time when ulceration began, the pains had gradually decreased, and at present the patient suffered but little from this source.

As the mass was so extensively adherent, Dr. Smith did not consider that the case was one in which an operation would be proper. Emollient applications would therefore be directed, and chalybeates and tonics, with a nutritious diet, would be employed to support the general strength, blood being from time to time abstracted by applying leeches *around*, but not upon the tumor.

Amputation of the Mammary Gland.—The negro girl described in the report of the last clinic as laboring under a tumor of the breast, was brought forward by Dr. Smith for the purpose of removing the diseased gland. This was done in the usual manner, the patient being under the influence of the usual anæsthetic of chloroform 1 part, ether 3 parts by weight. Upon a section of the tumor, after its removal, Dr. Smith expressed the opinion that it was malignant, being probably encephaloid, not as yet perfectly developed.

The examples of morbid growths in the mammary gland presented in the clinical service this winter have been quite numerous, this being the fifth. In cancerous cases, whenever the tumor can be readily removed, Dr. Smith prefers operating, in order to get rid of the pain, sloughing, etc., and add to the patient's comfort—those who die from a return of the disease, after the operation, being less tormented than those not operated on, as far as he has noted the cases.

HOSPITAL OF THE JEFFERSON MEDICAL COLLEGE.

Service of Dr. Dunglison.

WEDNESDAY, FEB. 2.

Pulsating Swelling over the Epigastrium.—Anna B. has had cough and pain in the breast, and swelling at the pit of the stomach, especially, she says, after walking. Pulsation is distinctly seen and felt when the hand is applied over the epigastrium, and there is a manifest blowing sound. This may be the thrill of aneurism, and the case must be more carefully examined in private. She has spit much blood; has palpitation when she ascends the stairs; and her pulse is very rapid. She can only lie on the

right side, the left being the seat of pain. This is generally found to be the most comfortable position when the pleura is inflamed. The treatment, etc., founded on further examination, will be reported when the case is again brought before the class.

Tuberculosis, complicated with Anasarca.—Belby H., a young man about eighteen years of age, has tuberculosis, commencing about eighteen months since with hæmoptysis. About three or four weeks ago, his face and legs were noticed to be markedly œdematous. The amount of effusion is very great, the part pitting greatly on pressure. Ascides, or abdominal dropsy, does not exist, as is proved by the employment of the *tactus eruditus* over that region. The case is one of anasarca, with complications which we are about to describe. Percussion exhibits dulness over the right side of the chest, and auscultation shows that the tuberculous deposition is going on to softening. The free entrance of air into the tubes upon the left side is distinctly heard, and it is evident that the left lung is doing the main duty in the process of respiration. Posteriorly examined, the entrance of the air into the right lung is more audible than anteriorly, but no cavernous respiration is heard there. Bronchophony, amounting to pectoriloquy, is distinct, but not as if from a superficial cavity, but rather from one more deeply seated. The morbid conditions which give rise to bronchophony, pectoriloquy, cavernous respiration, etc., were explained by a diagram on the blackboard. Although the case is one of advanced tuberculosis, very little hectic fever exists, and the night sweats are not excessive. Whenever great constitutional irritation and debility exist, there is hectic or sympathetic fever. We have, then, to treat a case of tubercular deposition, complicated with dropsical effusion, and while we must support him by all the means advisable in cases of this kind, we must put him upon the use of agents that will increase the secretion from the kidneys. Yet we cannot expect any permanent relief, where disease has advanced so far. A combination of juniper berries with cream of tartar, an ounce of each to a quart of water, will be prescribed for him.

Chronic Cutaneous Disease.—Samuel T., aged four years, has had an eruption on the face, and between the elbows, since he was six months old. It is not distinctly pustular nor vesicular, but is hard and elevated. All these skin diseases are dependent upon a vitiated condition of the system of nutrition, either local or general. This is very probably eczematous, though lichenous also in its appearance. It is not a case to be benefited by an exclusively local treatment. The oleum morrhuæ might be prescribed with advantage, both internally and externally. The scabs must be softened off by means of castile soap and water. Children do not generally object to taking cod-liver oil. Let a teaspoonful be taken three times daily. A deep-seated vice in the system of nutrition exists, and we cannot, from the duration of the affection, anticipate a rapid cure. Animal food, change of diet, etc., are to be recommended. The treatment is more easy than the diagnosis, for we cannot tell, in the present unsatisfactory state of the parts, whether the eruption is vesicular, as eczema; papular, as lichen; or pustular, as impetigo. Let the head be shaved, so that the matting together of the hair may not interfere with the diagnosis.

SATURDAY, FEB. 5.

Rheumatism with Endocarditis.—Ellen C., aged 22, has been a sufferer from rheumatism, being occasionally confined to her bed. Her joints are then painful, but not much swollen. Her voice is hoarse, as it has always been since she was eight years old, when she had measles. About four months ago, when confined to her room with an attack of rheumatic fever, she had symptoms of endocarditis Remarks upon the connection of the affections have been made in preceding clinics. No increase of the impulse of the heart exists, no hypertrophy, and no *bruit de soufflet*, or bellows sound. If endocarditis then existed, it has now passed away. The eutrophic influence of the iodide of potassium in doses of two grains, repeated three times daily, will be of advantage. A change in the whole system of nutrition is what is needed. Cod-liver oil is a valuable agent under the class of eutrophics, and was first prescribed in rheumatic cases, especially when these were associated with a strumous diathesis. Hereafter it may be advisable to prescribe the sulphate of quinia.

Dyspepsia with Hypochondriasis. — John C., a laborer, had had an attack of rheumatism, followed by pain in the left iliac region, but unattended with swelling. He has slight headache after eating, and his complaint is doubtless more dyspeptic than rheumatic, and accompanied, too, with hypochondriasis. He has passed less urine than usual since he suffered under his present condition. He needs the stimulant, revellent, and diuretic influence of oil of turpentine.

℞. Ol. terebinth, gtt. x.,
Three times daily, in a little molasses.

Rheumatism—Remarks on the Eutrophic Effects of Sugar.—George S., a sufferer from chronic rheumatism, was treated some time ago by the use of oleum morrhuæ. Crepitation exists at the elbow joint, with some impairment of its useful motion. He has never suffered from syphilitic disease, but labors

under arthritic cachexia, for which we will give him the iodide of potassium, in doses of three grains three times a day, taken in a tablespoonful of sugar and water. The lecturer has found sugar an important agent of the class of eutrophics, in many cases equal to any of the class. Inveterate eruptions have disappeared when sugar has been administered, and the virtues of many of the syrups to which eutrophic powers have been ascribed may be mainly due to the saccharine matter which they contain. When the ingredients of some of these officinal syrups have been given without the sugar, the same good effects have not been observed. It is difficult to persuade patients, however, that so simple an article can be productive of such beneficial results, and it is therefore advisable to prescribe something in connection with it that may give them confidence.

Torpor of the Colon.—Sarah S., aged about sixty, has had pain in the back and side in the neighborhood of the cæcum, accompanied with headache. She has an evacuation every three or four days, a state of constipation dependent upon torpor of the colon, which requires stimulation by a ferro-saline mixture, such as has been already prescribed. (page 313.)

Eczema Capitis.—Emma H., a small child, had an eczematous eruption on the posterior portion of the ear. The same general plan of treatment must be adopted as in preceding cases, with attention to the folds of skin, which by being rubbed together, are affected with erythema. The parts must be dusted with finely powdered starch, or pulverized calamine. She is reported to have had hydrocephalus about a year ago, to which the eruption was ascribed, but there is no reason to think that they were in any wise connected.

Other Cases Presented.—During the two clinics above reported, several other cases were brought in, but as they were merely repetitions of cases previously presented, it is not deemed expedient to describe them in detail. In speaking of an illustration of tuberculosis of the lungs, in one of the clinical patients, an opportunity was afforded of stating the not uncommon fact of cicatrization of cavities formed in the lungs. Experience in the dissecting-room establishes this in the bodies of those who had died from other diseases; but although this is admitted by all pathologists, it suits the empiric to impress the public with a contrary idea.

Service of Dr. Pancoast.

WEDNESDAY, FEB. 2.

Double Cataract.—Operation of Horizontal Displacement.—A man, aged about 60, has had double cataract, that of the right eye being of later date than the left, the latter being of some years standing, and the loss of vision entire, while with the right eye he can see a little. We should always select the worst eye for operation. The cataract in this case is steel-gray and hard, as is usually the case at his age. The different varieties of cataract, the hard or strong, the soft and the mixed, were then described by the lecturer. The mixed form is when the cataract is hard in the centre and soft in the circumference. If it is of that variety which splits into two or three parts, it is the most troublesome to operate on. In treating mixed cataracts the surgeon must break up the outside soft part, and displace the hard nucleus. The anatomy of the eye was described, and illustrated by a large model, and the various modes of operating briefly detailed. In this case some attachment exists to the posterior portion of the iris. The different modes of operating for cataract were then described, and the plan preferred by Dr. P. especially referred to. This is the operation of horizontal displacement, the place of puncture being through the selerotic coat, a little above or below the horizontal diameter of the eye. When the angular-hooked needle, which is of very delicate dimensions, enters into the anterior portion of the vitreous humor, the handle of the instrument is inclined backwards so as to carry the convex part of the hook gently forwards, breaking through the zona pellucida just at the outer side of the lens, so as to get it in front of the lens without touching the ciliary processes or iris. The capsule is then broken up with the cutting point of the needle, and the hook fixed in the centre of the lens. The latter is gently slided back horizontally along the route through which the needle has passed, until it comes opposite the place of puncture, when by gently rotating the needle and depressing the handle, it is securely lodged at the outer part of the vitreous humor.

The operation, as above described, was then performed, and the patient directed to employ the usual after-treatment, so important to the final success of the operation.

Exostosis on the Fibula — Operation. — A young man presented himself with a tumor, which had existed for a year or two, upon the fibula, and had arched forward in such a way as to make pressure upon the main nerves and arteries of the limb. As the tumor, although seated directly over the two bones of the leg, probably has its origin from the fibula, the incision for its removal should be made from the outer rather than from the inner side of the leg. It is an exostosis, and doubtless has an ivory appearance. Care must be taken in the operation to guard against injury to the musculo-cutaneous nerve of the leg. We shall have to cut down be-

tween the muscles of the leg below the origin of the peroneal artery, but the tibial artery, and other important vessels, lie in the vicinity. If the nerve previously referred to be cut, loss of power of motion of the limb will ensue. It is always expedient to have different kinds of saws at hand, that are calculated for the deep sawing of bones.

The anatomy of the leg was then briefly described, more particularly of those portions through which it would be necessary to cut in the operation. A tourniquet was applied, loosely at first, so as not to promote hemorrhage from the veins. The incisions were made in a manner similar to the process for taking up the great artery of the limb, and the exostosis removed, the patient having previously been etherized.

SATURDAY, FEB. 5.

Loss of the Nose from Scrofulous Ozœna.—A woman who had lost the soft parts of the nose, and the bones in its interior, by scrofulous ozœna. She is a married woman, and there is no reason for believing it to be syphilitic in its origin. A solution of nitrate of silver, about twenty or thirty grains to the ounce of water, was introduced into the pharynx by means of a sponge, and carried up so as to touch the posterior nares. A tonic and alterative treatment must also be given, the prescription formerly mentioned (page 294) being appropriate here. A compound wash of myrrh, borax and honey, and a weak solution of chlorinated soda, will be found of service in correcting the fœtor of the discharges, and in improving the condition of the parts. Over the nose let a flaxseed poultice, with elm bark and yeast, be applied. Hereafter, when the parts are restored to health, a rhinoplastic operation will be necessary. The mischief has already been done, and surgical interference will be necessary to supply what is lost.

Ascites in a Child Evacuated by an Incision into the Scrotum.—A litttle boy, about six years old, has had ascites, and great distension of the scrotum with fluid. Sometimes, in cases of ascites, the water may be evacuated by cutting a flap in the umbilicus, and keeping it open, so as to act as a valve. Sometimes the scrotum may be tapped to let out the fluid from the abdomen, and it is proposed to operate in this way in the present instance. The child has had congenital hernia. The canal is open so that the bowel probably descends occasionally. The scrotum was punctured with a knife, and the pouch of the tunica vaginalis testis opened so as to allow the water of the ascites to drain away by the orifice.

Fistula in Perineo, with Stricture of the Urethra.—The case of fistula in perineo, with stricture of the urethra, previously reported, (page 330,) was again presented. It is proposed to pass instruments into the urethra and to divide the strictures. One probably exists at the curve of the urethra. The process adopted by Prof. Syme, of Edinburg, is to dilate the urethra with a small instrument, and then to cut down and divide the stricture. A great many causes may operate to produce stricture of the urethra. In the natural condition of the parts, when no urine is passing through the urethra, the tube is closed. Want of dilatability of the passage may often be mistaken for stricture; but it is also an exciting cause. Whenever we can pass an instrument as large as that recommended by Syme through the constricted portion of the urethra, we may consider the case on the road to a cure, as large instruments may afterwards be introduced. The instrument of Civiale was employed to divide the anterior stricture, a bougie being passed beyond, which came in contact with another stricture about three inches further down; this was divided by an instrument devised by the lecturer, consisting of a small sliding knife, and a canula through which a catgut was passed beyond the stricture. The third stricture was divided in the same way.

Stone in the Bladder—Lithotomy.—A little boy was brought in, in whose bladder the presence of a stone had been satisfactorily determined. That calculous cases are of more frequent occurrence now than formerly, is due to the great increase of population. The formation of calculi is dependent more upon derangements of the digestive organs, than upon the influence of locality, for we find them in regions of very different geological distribution and physical appearance. The anatomy of the perineum was briefly described; the modes of operating having been given in detail at a previous clinic. For dividing the prostate gland, an ordinary scalpel is a convenient instrument, though a gorget or lithotome is preferred by some operators. We seldom require more than three instruments, a grooved staff, a knife to divide the soft parts and the neck of the bladder, and forceps to withdraw the calculus. It is always advisable to have other instruments at hand, in case it may be necessary to employ them for some unexpected contingency. The little boy was etherized, and the stone removed.

[This is the fifth case of stone in the bladder operated on during this session.]

PHILADELPHIA COLLEGE HOSPITAL.

WEDNESDAY, JAN. 26.

Service of Dr. Halsey.

Rodent Ulcer.—A young woman, aged 20, has an ulcer which has existed nearly two years, and has destroyed a part of the left side of the upper lip,

and extends from a point just below the left ala of the nose to the same corner of the mouth, and involves also a small part of the lower lip, near the same corner. The whole thickness of the tissues are involved, the ulcer having a disposition to extend inside, as well as outside. There is a good deal of induration in the diseased part, but it will be noticed that this induration does not extend more than a quarter of an inch beyond the margin of the ulcer. The surface of the ulcer, in some parts, is elevated above the skin, and the edge slightly turned out, but there is not much irregularity in the surface, nor is it nodulated. Although there is a disposition in the ulcer to an erosion of the tissues, and part of the lip is already destroyed, showing it to be of a malignant character, yet I think we can say with certainty that it is not cancerous. There is one form of cancer which this disease may be taken for — epithelial cancer — but they may be distinguished usually in the following manner. In rodent ulcer the induration does not extend beyond one-fourth of an inch from the border of the ulcer, while in epithelial cancer the induration extends sometimes two or three inches; in the former the swelling is not great, in the latter the edges and surrounding parts are very much swollen, being two or three times their natural thickness; in the former the edges and surface of the ulcer are more or less regular, in the latter the edges are very much everted, and the surface very irregular and nodulated. This is one of those cases which afford a fine opportunity for a plastic operation, as it is generally considered incurable, except by removal. As we have seen cases, however, which have been materially benefited by constitutional treatment, we will first give our patient a chance to recover without being obliged to undergo a severe surgical operation.

Locally we will use the simple cerate to dress the ulcer, while internally we will give her the following:—

℞. Rad. sarsap.
Dulcamaræ, āā ℥ss.
Mezereum.
Guaiaci, āā ℥ij.
Aquæ Oij. ft. Decoc.

Take a wineglassful three times a day.

The patient appeared the following week very much improved, and was ordered to continue the medicine, with a fair hope of recovery.

Scrofulous Abscesses.—A child, two years of age, has several small swellings, two on the forearm, one on the neck, and one behind the ear. In one there is slight fluctuation; the others are yet hard, but have no signs of active inflammation. The child has every indication of a strumous cachexia, and these swellings are the deposits of tubercles, which are about to proceed to suppuration and the formation of abscess. Put the patient on the following:

℞. Liq. ferri iod. f℥j.
Potass. iod. gr. xvi.
Aquæ, f℥ij. M.

Take one teaspoonful three times a day.

℞. Pulv. rhei, gr. xxiv.
" ipecac. gr. iij.
M. Div. in chart No. 12.

Take one every morning.

℞. Iod. potass, ℥j.
Cerat. simp. ℥j. M.

Apply over the swelling two or three times a day.

Scrofulous Ophthalmia.—A child, 2½ years old, has had sore eyes about a month. There is not much redness of the coats of the eye, although the patient shows great intolerance of light. When in bed she buries her face in the pillow, and when turned to bright light she holds her head downward in such a manner as to shade her eyes as much as possible. A small ulcer is also to be seen on the lower part of the cornea. The tumid upper lip, the fair hair and complexion, the tumid belly, and the general appearance of the child, shows the scrofulous habit. To remove this disease, the constitutional malady must be removed also. To do this, a good and nutritious diet, well ventilated rooms, or a plenty of fresh and wholesome air, and warm clothing, to keep up the animal heat, are required. As there is always more or less disorder of the digestive organs depending upon weakness, a mild laxative and alterative will be found very beneficial, as small doses of rhubarb and ipecac. Sulph. quinia will be found to have an excellent effect in these cases of diseased eyes. A collyrium will also be required.

℞. Zinci. sulph. gr. ij.
Aquæ, f℥j. M.

Put in the eye one drop twice a day.

Femoral Hernia.—A woman, middle-aged, says about six weeks since, as she was lifting a besket of wet clothes, she felt something give way in the groin. On examining the part, she found a swelling which gave her a good deal of uneasiness whenever it existed. On lying down the tumor disappeared, especially when a slight degree of pressure was made. This is the condition in which we find the tumor at present.

When the patient is asked to cough, and the hand laid on the tumor, an impulse is given to the hand. The swelling is below Poupart's ligament, but is not down far enough to be turned upwards, as is usual in this form of hernia. Its being reducible

when patient lies down, and returning when she resumes the upright position, besides the impulse on coughing, proves very conclusively that we have here a hernia. As the accident is recent, there is a probability that the application of a well-fitting truss, if properly worn, and with care that the bowel is not allowed to come down, will produce a cure, as, in such cases, if the parts be kept closed for some time, union will probably take place between the walls and the opening closed.

Secondary Syphilis.—The case reported two weeks ago, in which large serpiginous ulcers existed upon the forearm and back, appeared before the class again very much improved, the ulcers on his back having all disappeared, and those upon the forearm nearly healed. There was a large swelling, which seemed to involve the muscles of the forearm; this is reduced to more than half its former size. The patient ordered to continue the treatment.

Opacity of the Cornea—Of four weeks standing.—During holiday week the patient, a colored woman, had a very severe inflammation of the right eye, which soon became blind. The opacity does not cover the whole extent of the cornea, but enough to obstruct useful vision, as the pupil can only be seen as through a cloud. Use as a collyrium:

℞. Argent. nit. gr. ij.
Aquæ destil. f ʒj. M.

One drop twice a day.

Where there is any remains of inflammation, a blister on the temple may be of service.

Medical Societies.

ANNUAL MEETING OF THE NEW YORK STATE MEDICAL SOCIETY.

The fifty-second annual meeting of the New York State Medical Society convened in Albany, on Tuesday morning, February 1st, at 11 o'clock.

The Society was called to order by Dr. Thos. C. Brinsmade, of Troy, the President. He addressed the members at considerable length, thanking them for the honor conferred on him, in selecting him to preside over their deliberations. He congratulated the Society upon its success and the influence possessed by it, and referred to the value of its Transactions as comparing favorably with the Transactions of the London Medical Society. Believing that a proper interest was not manifested by the physicians of the State in Medical Societies, the President addressed circulars to the Societies of every county in the State, and received answers from 28 counties. In these counties little more than one-half of the regular physicians were members of the Societies, and not more than one-third of these attended meetings. He dwelt upon this apathy, and called the attention of the Society to it, in the hope that it might be remedied.

He recommends an interchange of Transactions with other State Societies. He approves of the institution of a second Degree in the medical profession, and suggested that the first Degree be styled Doctor of Medicine, and the second Degree, Bachelor of Medicine. He alluded to the necessary steps to be taken to secure these degrees, and commented upon the justice and necessity of this course, believing that it would greatly elevate the profession. There are five Medical Journals published in the State, and three republished. The medical profession of this State now occupies a higher position than at any other time. He recommends that a suitable delegation be sent to the meeting of the American Medical Association, at Louisville.

On motion of Dr. Alden March, a vote of thanks to the President for his inaugural address was adopted, and a copy requested for publication.

The following committees were appointed by the President:

On Credentials—Drs. B. F. Barker, Alexander Thompson, S. D. Willard.

On Nominations—1st District, Dr. S. C. Foster; 2d do., Dr. J. H. Parker; 3d do., Dr. B. P. Staats; 4th do., Dr. H. Corliss; 5th do., Dr. N. H. Deering; 6th do., Dr. F. Hyde; 7th do., Dr. H. Jewett; 8th do., Dr. F. H. Hamilton.

Dr. A. H. Hoff moved the appointment of a committee to invite the Governor and State Officers, and the medical members of the Legislature, to take seats with the Society during the session. Adopted, and Drs. Hoff, Taylor and Sprague were appointed such committee.

Dr. Sprague moved that so much of the President's address as relates to the republication of important papers in ths earlier publications of the Society, now mainly out of circulation, be referred to a select committee of three. Adopted, and Drs. Sprague, S. D. Willard and Thorn were appointed such committee.

A communication was received from Dr. Thomas McCall, of Utica, regretting his inability to be present with the Society, and enclosing a paper entitled "The Commandment of Knowledge, in relation to Medical Doctrines and Methods."

Dr. Parker, of Dutchess county, read a paper on "The Treatment of Varicose Ulcers," which was referred to the Publishing Committee.

The Committee on Credentials presented their report, which was accepted.

One hundred and six delegates, from thirty-seven counties, enrolled their names during the sessions of the Society.

DR. VANDERPOEL, of Albany, moved that the resolution adopted at the last meeting, appointing a committee to make arrangements for a dinner, be reconsidered, and the resolution be laid upon the table. Adopted.

DR. George Cook, President of the Canandaigua Lunatic Asylum, was made an honorary member of the society.

DR. WILLIAM TAYLOR, of Manlius, moved the appointment of a committee to consider what action on the part of the society can be taken, best calculated to insure a more general vaccination throughout the State. Adopted.

The committee to invite the Governor and others to take seats with the society, reported that they had discharged that duty. Report accepted and committee discharged.

DR. MARCH invited the members of the society to visit the Hospital at 1 o'clock, to witness the operation of amputation, the patient being Montgomery Bull, whose arm had been terribly lacerated by machinery. The invitation was accepted, and the members proceeded to the hospital, where the operation was performed by Dr. J. H. Armsby, of Albany, the arm being amputated at the shoulder.

The society then took a recess until 3 o'clock.

AFTERNOON SESSION.

The society re-convened at 3 o'clock.

DR. SPRAGUE moved the appointment of a committee of three, to request of the Assembly the use of their chamber, in which the annual address may be delivered; and also to invite the Governor and the members of the Legislature to be present. Adopted.

Drs. J. S. Sprague, B. P. Staats and Ball, were appointed said committee.

Drs. W. C. Rogers, of Green Island, Swinburne and Moore, of Albany, C. R. Agnew, of New York, and C. R. Millington, of Herkimer, were invited to take seats with the members of the society.

The CHAIR announced the following committee on Dr. Taylor's resolution on vaccination, adopted at the morning session: Drs. Wm. Taylar, Blatchford and Alden March.

A communication on the subject of "Partial Dislocations, Consecutive and Muscular Affections of the Shoulder Joint," by Alfred Mercer, M. M., as read before the Onondaga county Medical Society, was presented, and referred to the Publishing Committee.

DR. MARCH presented a sketch of the life of the late Dr. James A. Billings, as read before the Genesee Medical Society, which was referred to the Publishing Committee.

The Censors of the Southern District reported that they examined, June 29, 1858, Carl August Ludwig Baur, and finding him qualified, recommended him to the President for a diploma. Report accepted.

A communication was read from the agent of Messrs. Garmer, Lamoureux & Co., which accompanied specimens of granules and dragés, or sugar-coated pills.

A communication from Tilden & Co. was also read, accompanying which were a variety of medical preparations. They have also forwarded to Dr. Howard Townsend a large number of specimens for the cabinet of the Albany Medical College.

DR. JOHN SWINBURNE, of Albany, read a very interesting paper on "The Treatment of Fractures of the Femur," which was referred to the Publishing Committee.

DR. PARKER moved that the pharmaceutical preparations presented to the society be referred to a committee of three, to report at the next meeting.

A brief discussion ensued, in which the impropriety of the society endorsing any particular medicine was urged by different members.

Other members urged that the society had already adopted a resolution endorsing certain preparations, the efficacy of which were very justly doubted, and the object of appointing the committee was to investigate the subject.

The resolution was adopted by a vote of 24 to 21, and Drs. E. H. Parker, Howard Townsend and Saunders, were appointed the committee.

A resolution of thanks to Tilden & Co., and Garnier, Lamoureaux & Co., for their specimens, was adopted.

DR. SHOVE, of Westchester county, read a paper on "Congenial Tissure of the Soft Palate," which was referred to the Publishing Committee.

DR. COOK, of Canandaiga, by invitation of the society, made a statement of the establishment and progress of the "Brigham Hall" Lunatic Asylum at Canandaigua. An application has been made to the Legislature to incorporate the institution.

DR. ALDEN MARCH, of Albany, read a paper on "Displacements of the Heart." Referred to the Publishing Committee.

DR. SAUNDERS, of Madison, read a paper on "Cerebro-Spinal Menengitis, as it prevailed in Madison county." Referred to the Publishing Committee.

Dr. Gray, of the State Lunatic Asylum, and Dr. Bailey, of Albany, were invited to take seats with the Society,

DR. HUDSON, of New York, exhibited to the Society an artificial leg, explaining its construction, formation, &c.

DR. S. D. WILLARD, from the committee appointed at the last meeting "to petition the Legislature, asking them to amend the statute, that the State Medical Society may elect permanent members, by sena-

torial districts, now or hereafter established," reported that the interests of the Society would not be promoted by a change in the present statute. The committee believe that the interests of the Society might be enhanced by increasing the number of its Honorary members residing without this State, and they recommend a change of the bye-laws.

The report was adopted.

The Society then adjourned until Wednesday morning at 10 o'clock.

SECOND DAY.

The Society reconvened at 10 o'clock Wednesday morning, when the minutes were read and approved.

Drs. J. H. Reynolds, of Saratoga, F. M. Hopkins, of Essex Co., M. R. Peck, of Glens Falls, B. F. Ethridge, of Herkimer, Thos. J. Wheeler, of Cattaraugus Co., and James Winn, of N. Y., were invited to take seats with the Society.

Dr. B. F. Barker moved to amend the bye-laws, so that the Society may elect six honorary members annually, instead of two. Adopted.

A communication was received from the Herkimer County Medical Society, covering a "Dissertation upon the Influence of Vegetation upon Animal Life and Health." Referred to Publishing Committee.

An address read before the Sullivan County Medical Society, by John D. Watkins, M. D., on "Pneumonia, Bilious and Typhoid," was presented, and referred to Publishing Committee.

A communication was received from the Albany County Medical Society, covering a paper read before the Society by Dr. S. H. Freeman, being a "Biographical Sketch of the late Hon. Samuel Dickson, M. D." Referred to Publishing Committee.

An invitation from Gov. Morgan, to visit the Executive Mansion in the evening, was received and accepted.

Dr. S. D. Willard, Secretary, reported that he had exchanged transactions with the State Medical Societies of Connecticut, New Hampshire and California. Exchanges had also been made with thirty-five foreign Societies, and through the Regents of the University, he had received several communications in return. He had also received letters from Dr. M. S. Perry, of Boston, Mass., and Dr. S. Henry Dickson, of Charleston, S. C., acknowledging the receipt of Honorary Diplomas. The Secretary also stated that, on looking over the papers of the Society, he had found a number of volumes of the transactions of the Society, from 1832 to 1837, which he had caused to be bound.

A motion was made and adopted, that each member wishing copies of the volume be charged seventy-five cents each.

Dr. Mundy, of Staten Island, moved the appointment of a committee of three to investigate the facts connected with the Quarantine.

The resolution giving rise to a debate, which promised to be extended, Dr. Snow moved to lay it on the table, which motion was adopted.

Dr. Allaben moved that the Legislature be petitioned to pass a law authorizing physicians and surgeons, when employed by coroners to make post mortem examinations in cases coming under their notice, to charge a fee commensurte with the services rendered, to be audited by the Board of Supervisors, and paid by the county in which such services were obtained.

After a brief debate, the resolution was laid upon the table.

Dr. Goodrich presented a report of the removal of a tumor from the upper and posterior surface of the cranium—result fatal—by C. E. Isaacs, M. D., one of the Surgeons of the Brooklyn City Hospital. Referred to the Publishing Committee.

Dr. F. H. Hamilton, of Buffalo, read a paper "On Shortening in Fractures of the neck of the Femur." Referred to the Publishing Committee.

Drs. Joseph Lewis, Babcock, Henry March, Adams and Fondy, of Albany, and Dr. Cullen, of Brooklyn, were admitted to seats with the Society.

Dr. James McNaughton, from the committee to whom was referred the several Essays, offered in competition for the prize offered by the Society, for the best dissertation on Scarlet Fever, awarded the prize to Henry A. Carrington, of Hyde Park, N. Y. Report accepted.

A communication was received from the Westchester County Medical Society, covering "Biographical Sketches of the Deceased Physicians of Westchester county." Referred to the Publishing Committee.

Dr. A. H. Hoff, of Albany, presented "an Address on the Registration of Diseases, by W. C. Rogers, M. D.," as read before the Albany County Medical Society. Referred to the Publishing Committee.

Dr. S. D. Willard, of Albany, read a very interesting paper on "Diptherite," or the Sore Throat Disease, so prevalent in Albany.*

Dr. J. V. P. Quackenbush, of Albany, read a Report in accordance with a resolution passed at the last annual meeting, on "Inversion of the Uterus," which elicited a very interesting discussion, after which it was referred to the Publishing Committee.

Dr. Taylor, from the committee to whom was referred the subject of Vaccination, reported that if vaccination can by any means become general, the loathsome, disgusting, and often fatal disease, the

* For a full description of this malady, from the pen of Dr Willard, see the Reporter of Dec. 3d, 1858.—Eds. Med. & Surg Rep.

small pox, would be effectually eradicated from the land. The committee believe, however, that an action of the Society would be inadequate to insure such a result. It is believed the small pox is more generally prevalent in this State at the present time, than at any former period since the introduction of vaccination, and this is owing in a great measure to neglect on the part of the public as to vaccination, and perhaps to some extent to the imperfect manner in which vaccination is performed. The committee recommend that application be made to the Legislasure for the passage of a law which shall authorize and empower the trustees of each of the several school districts in the State, to exclude from the benefits of public instruction, all who have not been vaccinated. A resolution directing the appointment of a committee to obtain the passage of a law by the present Legislature in conformity to the plan above suggested was offered.

The report of the committee was accepted, and the resolution adopted.

Dr. Thompson moved that a special committee be appointed, to which shall be referred so much of the President's address, as relates to the conferring of the second degree. Adopted, and Drs. Howard Townsend, Alexander Thompson and Thomas W. Blatchford, were appointed such committee.

The committee reported that the use of the Assembly Chamber had been granted to the Society, for the delivery of the President's address, and that the Governor, and other State officers, and the members of the Legislature, had been invited to attend.

Recess until 3 o'clock.

AFTERNOON SESSION.

The Society reconvened at 3 o'clock.

Dr. Bly presented to the Society an Artifical Leg, and explained its mechanism.

Dr. Bacon read a paper on "Facial Paralysis." Referred to the Publishing Committee.

Dr. Foster, of New York, offered the following:

Whereas, It has ever been the pride and glory of the Medical Profession that its functions are not limited to the cure, but extend also to the prevention of disease; and whereas, the causes of disease among crowded populations are to a great extent under control, and susceptible of being avoided or removed by judicious sanitary regulations, as has been abundantly demonstrated in many instances where such measures have effected great reduction in the bills of mortality; and whereas, the first object of every civilized government should be to protect the health and lives of the citizens; therefore,

Resolved, That this Society has seen with great satisfaction the progress which the science of Public Hygiene has made in the good opinion of the public, and looks forward to the time when, under the direction of those skilled in this branch of Medical science, the ratio of mortality may be reduced to a minimum.

Resolved, That this Society warmly approves the action of His Honor, the Mayor of the city of New York, in his efforts to place the control of the Sanitary affairs of that city in the hands of Medical men, who alone are competent to exercise it.

Resolved, That the Legislature of the State are called upon by every motive of policy and humanity, to sustain and promote all such laudable attempts to improve the health and save the lives of the community by the passage of such laws as may be necessary to give them immediate efficiency.

The resolutions were adopted.

Dr. Howard Townsend, of Albany, read a paper on "Hypophosphites." Referred to the Publishing Committee.

Dr. John Ball, of Brooklyn, read a paper on a case of "Hydrops Sacci Lachrymalis." Referred to the Publishing Committee.

Dr. James Lee, of Saratoga Co., presented a report of "The Diseases of the County of Saratoga." Referred to the Publishing Committee.

Dr. Parker, of New York, made an oral report on "Obstetrics," and requested the members of the Society to furnish him statistical information.

Dr. S. H. French, of Broome Co., expressed himself gratified with the remarks of Dr. Parker.

Dr. Seth Shove, of Westchester Co., presented a "Biographical Sketch" of Dr. Geo. C. French, of Westchester Co., prepared and read before the Westchester County Medical Society. Referred to the Publishing Committee.

Dr. Horace Willard, of Albany Co., read a paper on "Rupture of the Cul de Sac of the Colon." Referred to the Publishing Committee.

Dr. Bissell, of Utica, presented a paper on "Misplacement of the Uteris," which was referred to the Publishing Committee.

The Society then adjourned until 10 o'clock, Thursday morning.

THIRD DAY.

The Society convened at 10 o'clock, Thursday morning. Minutes read and approved.

Dr. J. S. Sprague, from the Committee on so much of the President's Address, as relates to the re-publication of such of the transactions of the Society, as are not in circulation, reported in favor of the republication of the Addresses of the Presidents of the Society for the first twenty-five years of its existence. Report accepted.

Dr. F. H. Hamilton, presented the following papers: "Statistics of 753 Obstetrical Cases," by Dr. N. C. Hustod, of the New York Academy of Medicine; also, "Death Rate in the State of New York, according to the last Census," by Dr. Stephen Smith of the Academy. Referred to the Publishing Committee.

Dr. Goodrich, of Brooklyn, submitted a paper on "Vital Statistics of the City of Brooklyn." Referred to the Publishing Committee.

Dr. Wynn, of New York, moved that the County Medical Societies be requested to furnish the next Annual Meeting of the State Medical Society with a complete list, so far as the facts can be ascertained, of the number of their members in each year, and of those who have died, together with the ages at which death took place. Adopted.

Dr. Wynn, of N. Y. made a very interesting statement to the Society, on the subject of Mortality in the United States, and the Mortality on account of Intemperance.

Dr. Edward Duffy, of Albany, was invited to take a seat with the members of the Society.

Dr. B. P. Staats, of Albany, moved that the Publishing Committee cause as many as may be practicable, of the Addresses of former Presidents of this Society (which have not already been published,) to be published in the Transactions of this Society. Adopted.

Dr. Bissell, of Utica, moved that the Committee on Statistics be continued, and that the Legislature be requested to publish the usual number of blanks. Adopted.

Dr. Hamilton, of Buffalo, moved that in the law enacted in the Legislature of this State, during the session of 1857, permitting both parties to testify in all civil suits, our profession, in common perhaps with the public generally, have an important interest; and that we therefore earnestly recommend to the several members of the Senate and Assembly from their respective districts, that they resist all attempts for its repeal; unless, indeed, it is fully proven that such repeal is demanded by the public good, whose interest ought certainly to be considered as paramount to the interest of individuals or classes. Adopted.

Dr. Goodrich moved the appointment of a committee of three to inquire into the subject of Anesthetic agency, in regard to its origin and its first introduction into Medical and Surgical practice in the United States, and that the committee report all facts in the premises, of interest to the Medical profession, and report at the next annual meeting. Adopted, 12 to 14, and Dr. Goodrich, Jones and F. H. Hamilton were appointed such committee.

Dr. B. P. Staats, of Albany, called attention to the fact that at the last meeting of the Society the physicians of Warren or Essex counties were requested to investigate the case of the woman who, it was alleged, lived without eating.

Several gentlemen stated that it had been pretty well demonstrated that the case was an imposition.

Dr. Ferguson, however, expressed an opposite opinion, and gave an account of his visit to the woman in question.

The subject was then dropped.

Dr. Mundy, of Staten Island, offered a resolution that, in the opinion of this Society, a quarantine establishment, the object of which is to prevent the introduction of foreign pestilential and infectious diseases, should, in order to obtain the object desired, be located in an isolated place, and an institution of this character, situated in the midst of a dense population and near large cities, and where there is constant interchange and communication between such place and the places which it is designed to protect, fails to answer the purposes for which it was established. Laid on the table.

Dr. Coates, of Genesee county, moved that a committee be appointed, to report at the next meeting, the best method for securing the appointment of a "Commission of Lunacy" for the State of New York. Adopted; and Drs. Coates, Coventry, Gray and Cook, were appointed such committee.

Dr. J. V. P. Quackenbush, of Albany, Treasurer, reported the receipts for the year to have been $143 39, and the expenditures $88 49, leaving a balance in the hands of the treasurer of $54 80. Report accepted, and referred to the usual committee, consisting of Drs. Sprague, Barnett and Sanders, to examine the accounts.

Dr. Thompson, of Cayuga, offered a resolution that the committee to whom was referred so much of the President's address as relates to the institution of the second degree in the medical profession, be authorized to present the subject to the Convention of Professors, to be held at Louisville, Ky., in May next, as it may think proper. Adopted.

Dr. Saunders, of Onondaga, moved the appointment of a committee of three, to take into consideration the propriety of condensing in such a manner the forms for the registration of medical and surgical statistics, for the use of county practitioners, as will ensure a better attention to the subject, and to report at the next annual meeting. Adopted; and Drs. Saunders, Orton and Cogswell, appointed such committee.

The committee to examine the Treasurer's report, reported they had discharged that duty, and found the same correct.

The Society then proceeded to an election of officers for the ensuing year, Drs. Sanders and Burton acting as tellers.

The following officers were elected:

President—Prof. B. Fordyce Barker, New York city.
Vice President—Dr. Daniel T. Jones, Onondaga.
Secretary—Dr. Sylvester D. Willard, Albany.
Treasurer—Dr. John V. P. Quackenbush, Albany.
Permanent Members—Drs. Franklin Tuthill, Horace K. Willard, Seth Shove, Uriah Potter, Henry N. Porter, C. M. Crandall, A. J. Dallas, P. H. Strong, John Ball, M. C. Hasbrouck, James P. Boyd, R. L. Allen, John Putnam, Stephen Hagadorn, J. F. Trowbridge, H. M. Conger.
Committee of Publication—S. D. Willard, Howard Townsend, A. H. Hoff.
To be recommended to the Regents of the University for the Honorary Degree of Doctor of Medicine—Drs. B. P. Staats, of Albany; M. H. Cash, of Orange; J. M. Sturdevant, of Oneida; Richard Lanning, of Tompkins.

For Honorary Members—Drs. Silas Durkee, of Boston; John M. De La Mater, of Ohio.

Nominated for Honorary Members—Drs. Ernest Hart, London, England; John Jeffries, Boston, Mass.; Henry Bronson, New Haven; G. Mendenhall, Ohio; W. Fraser, Montreal; Charles I. Isaacs, U. S. Navy.

CENSORS.

1st Dist.—John Ball, Peter Van Buren, John McNulty.
2d " J. S. Sprague, S. H. French, George Barr.
3d " B. P. Staats, T. W. Blatchford, P. McNaughton.
4th " Alexander Thompson, G. W. Burwell, A. Van Dyck.

Delegates to the American Medical Association left to be designated on application to the Secretary.

Dr. Staats offered a resolution tendering a vote of thanks to the President for the impartial manner in which he had discharged the duties of his office.

A vote of thanks was extended also to the Common Council of the city of Albany for the use of their Chamber.

The President, Dr. Brinsmade, then addressed the Society in a few parting words, as follows:

Gentlemen—In retiring from this chair, the duties of which I have so imperfectly performed, I should do injustice to my feelings should I not most heartily thank you over and over for the assistance, courtesies and kindness I have received from you all, and which will always be remembered with great pleasure. I hope you may all return to your homes, and ordinary arduous, but honorable duties, and have pleasant remembrances of this meeting.

The Society then adjourned *sine die.*

Editorial.

PROFESSIONAL DISPUTES AND PUBLIC COMMENTS.

The medical profession of New York have been recently interested and the general public entertained by the details of a case which resulted fatally, and of which fatality the medical treatment by a practitioner, not unknown to fame, is accused of being the cause, and the verity of the accusation countenanced by the professional conduct of gentlemen of great eminence, who were subsequently in attendance on the case. Notwithstanding the respectability of those who, by their actions, culpably allowed the suspicions to gain, for a time at least, a general credence, the whole matter has been disposed of in the New York Academy of Medicine, where both parties have been heard, the accusations retracted, and the accused exonerated from all complicity in the patient's death.

The reports of the affair have unfortunately been suffered to gain too great and disgusting a notoriety, to deserve space for their repetition here. Its minutiæ have, to the disparagement of the medical profession, been eagerly grasped at by the daily press throughout the country as the theme for a "*sensation*" and the subject of slanderous comments on the whole profession.

We cannot but think that some at least of the publicity has been designedly allowed for the sake of popular effect. One sheet gives a likeness of the accused specialist, and a flashy view of the operator, in the act of probing the larynx of a patient; and accompanying these are engravings which purport to be copies of the very probangs, knife, tube, scissors, syringe, etc., which he employs.

The entire correspondence and proceedings of the Academy of Medicine have been published in the daily papers. This way of seeking public redress for professional grievances is extremely reprehensible, and tends to bring the profession into disrepute. Trifling differences in opinions expressed on medical technicalities are, by the non-professional public who do not comprehend them, condemned as evidences of total ignorance of a subject; and having no sympathy with the "proverbial disagreements of doctors," they should not be made the referees in professional disputes. Thus one of the leading papers of New York, in an article alluding to this case, denounces the entire profession as a "stupendous humbug;" and another of equal influence contains the following paragraph:—"The disagreements of doctors have long been proverbial. Their agreements, we think, are likely hereafter to acquire at least an equal renown. If it is impossible for ordinary mortals to come to a decision on any point mooted among doctors, it would appear to be equally impossible for doctors to come to a decision on points which would be settled in twenty minutes by ordinary men."

Considering the whole affair discreditable to all participating in it, and only deserving notice because it teaches an impressive lesson in ethics, we commend it to the oblivion which it merits.

"DISTINGUISHED NAMES!"

Our young friends of the *New York Medical Press*, will please excuse us from complying with their invitation to publish an exhibit of the names of prominent men in the profession who have taken their diplomas from this city. We have no room for such puerilities, as the contents of our journal amply testify. The graduates of the Philadelphia schools are to be found in every section of the land; and if our cotemporary wishes to investigate their standing and qualifications, it is easily done; and we commend to his attention, moreover, as an aid, certain Introductory Lectures by professors of the several schools here, in which a very few of the "great names" that have gone out from this city are enumerated.

We repeat, that it is no part of our business to puff the schools of this city. Our mission is to serve the whole profession; and we respectfully decline entering into a discussion of the personal qualities of the graduates of any school. We would, in conclusion, take the liberty of suggesting to our cotemporary, that the "extensive wards" of the New York Hospitals are rich in better material, with which to fill his own pages.

A SECOND DEGREE IN MEDICINE.

We are much pleased to know that our proposition, now pending before the American Medical Association, to have a standard of qualification for medical men other than the ordinary medical diploma, meets with favor. We have heard men whose opinions weigh much with us, endorse the principle emphatically; and it will be seen that the Presidents of both the New York and New Jersey Societies, in their Addresses, recommend it.

The fact is, so many influences are now at work to depreciate the value of the ordinary diploma, that a change seems to be called for; and surely the only way to have a *uniform* standard for the whole country is through our only national organization, the American Medical Association, in some such way as is recommended in the resolutions now pending before that body, and re-published in the REPORTER of January 15th.

We notice that the Committee of the New York State Society, to whom the portion of Dr. Brinsmade's address, recommending a second degree was referred, propose to present it to the convention of professors to be held at Louisville, just before the meeting of the American Medical Association. It would, in our opinion, have been far better to have referred the matter *to the Association*, as the schools with all their conflicting interests will never agree to act in concert in the matter.

THE MEDICAL SOCIETY OF NEW JERSEY.

The 93d annual meeting of this, the oldest medical organization in America, was held in Trenton on the 25th and 26th ult. It was our pleasure to be present at the sittings of the Society, and we were delighted with meeting there faces with which for many years we had been familiar. In point of numbers, and as representing the old substantial practitioners of New Jersey, this was the best meeting of the Society that has been held for many years. Among those whom it was our pleasure to meet there, was Dr. Lewis Condict, of Morristown, a graduate of the University of Pennsylvania *in* 1794! *Sixty-five years in the harness*, and without a blot upon the escutcheon, is an eminence to which few, very few attain! Dr. Condict has always taken a lively interest in all that relates to the progress of medicine in this country. He has been President of the Medical Society of New Jersey, Vice President of the American Medical Association, and on two occasions, we believe, Chairman of Conventions for revising the United States Pharmacopœia, besides having served in both National and State Legislatures. Long may he yet live to enjoy the rewards of a well spent life! But there were others of the veteran corps of the State present, among whom we would name Drs. John W. Craig, and F. S. Schenck, of Somerset, English and Woodhull, of Monmouth, McKelway, of Trenton, the two Fithians, of West Jersey, and yet others, who might almost be named in the same category. With the exception of Bergen and Passaic, we believe that every county in the State having a medical organization, was represented. The younger portion of the profession of the State was also well represented.

Unfortunately much of the time of the Society was occupied with a judicial case, which came before it on appeal from one of the county societies. Questions of order also occupied much more of the time of the Society than was profitable.

We are happy to say that the excellent address of the President, and the valuable reports presented by the Standing Committee, are to be published in pamphlet form. Essex county sent up a voluminous

and most valuable report, through its reporter, Dr. Lehlbach, of Newark.

There were some questions discussed outside, which, had there been time, would probably have been brought up in the meeting, such as a modification of the law to allow of a change of the time of meeting to the spring of the year, and to leave it optional with the Society, whether they meet at Trenton or in some other part of the State. We hope to see the time when the Medical Society of New Jersey will be redeemed from its connection with the State.

NEW YORK STATE MEDICAL SOCIETY.

Through the kind attentions of the Secretary, we are enabled to present to our readers a full report of the proceedings of the above Society, amended from the report, as published in the Albany *Atlas and Argus.*

There were one hundred and fifteen members and delegates in attendence, representing thirty-seven counties. The annual address was delivered in the Capitol, before members of the Legislature and the Society, on Wednesday evening, Feb. 2d, by the accomplished President, Dr. Thomas C. Brinsmade. "The advantages arising from Medical Association," was a subject that he had well studied, and the duty of which he urged with great earnestness. Immediately after the address the Society proceeded to the executive mansion, where they received the elegant hospitalities of Governor Morgan. The forthcoming volume of its transactions will bear witness to the growing interest that is felt by physicians all over the State in this venerable institution.

This is one of the best working Societies in our country, and it will be seen by the minutes that its proceedings were quite interesting and important. There are two features in the working of the New York State Society worthy of notice, and of commendation to other State Societies, viz:—1st. Papers, &c., read before county organizations, are *sent up to the State Society to be published with its transactions;* and second, *the transactions are published at the expense of the State, as a State Document.* Cannot the Medical Societies of other States get at least this much out of their Legislatures? Even so small a favor, however, must be asked for or accepted very cautiously.

Medical News.

A bill has passed the Senate of this state which abolishes the Health and Poor Departments of this city, on account of alleged corruptions discovered in their management. The bill authorizes the appointment of new Boards by the Courts.

PHILADELPHIA MEDICAL SOCIETY.—At an adjourned stated meeting, held in the hall of the Locust Street Lyceum, on Monday evening, February 7, 1859, the following were duly elected officers of the Society for the current year:

President—R. La Roche, M. D.

Vice-Presidents—John Neill, M. D.; George W. Norris, M. D.

Treasurer—John J. Reese, M. D.

Corresponding Secretary—John B. Biddle, M. D.

Recording Secretary—Anthony E. Stocker, M. D.

Censors—Francis West, M. D.; Lewis Rodman, M. D.; Samuel L. Hollingsworth, M. D.; Edward Hartshorne, M. D.; D. Paul Lajus, M. D.

Orator—Edward Hartshorne, M. D.

☞ Just as we are going to press, we have received an abstract of the minutes of the Medical Society of New Jersey, which will be published next week. We have also on hand several original communications, discussions before the Northern Medical Association of Philadelphia, on mercurials and on typhoid fever, editorial, etc., etc. We have made an additon of *four pages* to the usual size of the REPORTER, and will try to accommodate all.

MARRIAGES.

BEALES—JAFFRAY.—In New York, Feb. 1st, by Rev. M. Driscol, Adelaide Kerrison, youngest daughter of J. C. Beales, M. D., to R. W. Jaffray, Esq.

STEVENS—BOWDEN.—In New York, Feb 2d, by Rev. Dr. Bedell, Alexa Charlotte, only daughter of Alexander H. Stevens, M. D., to Rev. J. J. Bowden, of Jersey City.

SANDS—CURTIS.—In New York, on the 28th ult., Henry B. Sands, M. D., to Miss Sarah M. daughter of the late Samuel Curtis, Esq., of Brooklyn.

WOOD—BOYCE.—In Washington, D. C., on the 20th January, by the Rev. Smith Pyne, Edward Boyce, of Georgetown, D. C., to Miss Nina Wood, daughter of Dr. R. C. Wood, U. S. Army.

DEATHS.

CAMPBELL.—On the 16th ult., at the residence of his son, in Eldersville, Washington county, Pa., Dr. Joseph Campbell, in the 74th year of his age.

DUNLOP.—In New York, Jan. 28th, Robert Dunlop, M. D., formerly of Ireland, aged 62.

ELLET.—In New York, Jan. —, Wm. H. Ellet, M. D., Professor of Chemistry and Mineralogy in the College of South Carolina. Deceased was the husband of Mrs. E. F. Ellett, the popular authoress.

HUDSON.—Dr. Edward Hudson, Surgeon U. S. Navy, died at Brooklyn, N. Y., January 23, 1859.

He had been 15 years and 4 months in the navy, and was promoted to the grade of Surgeon during the past year. He had served at sea 9 years and 5 months, and at shore stations nearly 4 years.

He was a native of Pennsylvania.

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 122. PHILADELPHIA, FEBRUARY 19, 1859. NEW SERIES, VOL. I. NO. 21.

Original Communications.

Two Cases of Extraction of Broken Glass Pessaries from the Vagina.

By J. T. Darby, M. D.

Ann Morrison, married, aged 33 years, born in Ireland, and intemperate in habits, was admitted into the Philadelphia Hospital, November 2, 1858, suffering from prolapsus uteri, and spasmodic stricture of the urethra.

My colleague, Dr. G. P. Norris, introduced a medium size (Dewees') glass pessary. Two hours after it had been introduced, whilst sitting in a water closet, the patient suddenly experienced great pain, with hemorrhage, and discovered that the pessary was broken. Being much alarmed, she endeavored at once to extract the pessary, but her efforts only served to increase the pain and flow of blood. In this condition, Dr. Norris visited her, and having placed her on a bed exposed to a good light, he succeeded in taking out several pieces of the pessary. On seeing her with Dr. N., I made a per vaginam examination, and found that two-thirds of the pessary remained unbroken, the other third having been removed in small fragments. The part remaining in the vagina still retained its proper position,—the os uteri being lodged in the circular opening. A somewhat triangular portion, broken from the upper and lower sides of the pessary, caused two sharp angles each about an inch in length, to project against the anterior surface of the vagina. The want of continuity thus produced in the circumference of the pessary, caused the anterior vaginal wall to fall into the broken cavity, producing thus a firmer position than if only imbedded in its sharp angular projections. To remove the pessary under such circumstances seemed difficult; and, to avoid injury, I resorted to the following plan: A quadrivalve Ricord's speculum was introduced into the vagina, in such a manner as to cause the end of the upper blade to be inserted between the vagina and the broken portion of the pessary. The blades of the speculum were then widely separated and retained so with the screw fastening on the handles, giving a full view of the pessary in its position. The angular projections on either side of the upper blade were imbedded in the vaginal walls two or three lines, though the speculum was opened as far as possible. Fearing to tear it from its position, by bringing the pessary within the metallic walls of the speculum in its *transverse* position, I procured a pair of uterine dressing forceps, guarded them with muslin, and with one blade thrust through the circular opening, and the other behind that portion of the pessary which rested on the posterior wall of the vagina, succeeded in dislodging it and bringing it down, with its long diameter, parallel with the blades of the speculum. By this change of position, the convex portion of the circumference of the pessary was made to present externally, whilst the angular projections presented upward; thus, all risk to the parts not covered by the blades of the speculum was avoided and the entire fragment was removed by grasping the pessary with the forceps, and removing the speculum and pessary at the same time. No hemorrhage took place after removal. Injections of cold water in the vagina, and an enema of forty-five drops of laudanum in the rectum, allayed all irritation, and on the following day the patient, after resting quietly, appeared as well as usual.

The following remarkable case of fracture of glass pessary in the vagina was attended

by Dr. R. J. Levis, one of the surgeons of the Philadelphia Hospital, who has kindly offered me the use of his notes: Patient an unmarried, hysterical, and very sensitive lady, aged about forty years, disinclined to give a satisfactory account of the accident, but stated that the fracture occurred in an attempt to remove the pessary, and that its subsequent extreme comminution was produced by her efforts to extract the fragments. It could not be ascertained what instrument she had used for the purpose.

When first seen, *ten days* after the accident, she was suffering intensely, external genitals much inflamed and swollen, pus streaming from the vagina, and any examination produced severe pain. The patient refused the relief of anæsthesia. An attempt was made to remove the fragments with a speculum and dressing forceps. In that manner, several very small portions were removed, but yet it seemed to be impossible thus to extract all the pieces, which were imbedded in the walls of the vagina. The pessary, which had been a globular one and very thin, was shattered into innumerable angular fragments; and as the patient was already suffering severe constitutional irritation, another expedient was resorted to. A large syringe was filled with a mixture of ordinary calcined gypsum, or plaster of Paris, and water, at a proper consistence for rapidly hardening, and injected into the vagina. The injection was retained by the bell-shaped nozzle of the syringe used, until it entirely hardened, when the mass still attached to the syringe was withdrawn, bringing with it every particle of the glass. The fragments of glass were so entirely enveloped in the plaster, as not to be discovered until the mass was broken. The patient soon recovered.

The pessary had been unusually light and thin. The ingenuity displayed in extracting a pessary under such circumstances will be appreciated, and must commend itself to those who read this article, as a simple mode of overcoming what would otherwise have been a tedious and difficult, if not impossible operation.

With this view are these two cases recorded,—as a guard to those who are in the habit of using glass pessaries, and as a hint which can be made of use, should the unfortunate accident alluded to occur.

Case of Spontaneous Rupture of the Uterus.

By John Gegan, Jr., M. D.,
of Philadelphia.

The recent report of a case of rupture of the uterus in this journal suggests to me the propriety of recording another, which occurred under very different circumstances, in a patient in my care, in the hope of eliciting something in its explanation, and with that view merely state the facts as they occurred.

The patient, Mrs. F., an Irish woman, aged 35 years, married seven years, had been delivered four times, once of twins. Her labors had been all easy and at the proper time. Her health was apparently good during her last pregnancy, up to the week prior to her death, during which she complained of sharp pains passing from the left to the right hypochondriac region, with an occasional discharge of liquor amnii, which she said came away without making any effort. About four or five days before her first attendant, Dr. Stewart, to whom I am indebted for the information, was called to see her, she met with a slight accident, which, at the time, caused her some uneasiness. Whilst attempting to seat herself on a "chamber," holding at the same time quite a heavy child in her arms, she came in contact with the side of the vessel, turning it over, and letting her fall so that her side struck against its edge, causing, as I have said before, some little uneasiness and pain, but which passed off without apparently any bad results.

My first visit was paid about 3 o'clock on Sunday afternoon, January 30th, when I found Mrs. F. in a very debilitated condition, vomiting thick yellowish and dark green matter in large quantities; great prostration, indicated by quick, weak, and unsteady pulse, labored respiration, and cold sweat. She was lying on her right side, in which position she had

remained for the twelve previous hours, and from which it was impossible to move her, on account of the extreme pain attendant upon the least attempt at motion.

I made an examination as best I could with her in this position, but could not reach the os uteri. The parts were rather dry — no hemorrhage or secretion being present which would indicate her to be in labor.

Upon inquiry I found that her bowels had not been opened for twenty hours, so ordered a simple enema, a spice plaster over the stomach, and a mixture containing morphiæ sulph. gr. ii, spt. etheris comp. fʒiss, sodæ bicarb. ʒiss, syr. simp. fʒiv, aqua camphoræ fʒii; of which a teaspoonful was to be taken every half hour.

6 o'clock, P. M. The vomiting had ceased, and Mrs. F. seemed to be much relieved. Ordered the medicine, and some brandy and ice, which she had been taking, to be continued, and before leaving advised that the patient's position should be changed to her left side.

9 o'clock, P. M. On entering the room I found four or five women endeavoring to turn the patient to her left side, which they had attempted at her own request, she feeling, as she said, much better, with no soreness on the right side. I myself assisted in getting her out of the bed, and placing her first on her feet, the only way, she said, in which she could be placed upon the left side. Her bowels not having been moved, I ordered a repetition of the injection, with the addition of ol. terebinth. fʒiij, and a continuance of the medicines before prescribed, unless sleep should intervene, and left her without making an examination, there being no pain or appearance of labor.

Monday, Jan. 31st, 8 o'clock, A. M. Called on by Mr. F. On visiting Mrs. F. found her vomiting large quantities of dark-brownish matter, pulse feeble and fluttering, hurried respiration, and complaining of a smothering sensation, for the relief of which she desired to be placed in a sitting posture on the bed. I was informed that during the night her bowels had been slightly opened; feces natural color; also during the night there had been a very slight show or hemorrhage. Ordered another enema, and a continuation of wine and brandy alternately with the prescription given above.

1 o'clock, P. M. Mrs. F. in a very prostrate condition, pulse rapid, feeble and fluttering, cold sweats, and complaining of a smothering sensation. I asked her if she supposed the child to be still living; to which she replied, "I feel it all the time." I made an examination, but could not find the os uteri, or touch anything resembling the womb. Vomiting having ceased, small doses of calomel were ordered, with a continuation of the other remedies, advising her, if she felt relief in a sitting posture, to remain so.

Having now had a fair opportunity to make an examination, without ascertaining anything which would lead me to suppose Mrs. F. to be in labor, and considering the case a very unusual and critical one, I resolved on consulting some one of more experience.

6 o'clock, P. M. The patient in a sinking condition; pulse more feeble, vomiting had not returned, respiration feeble and short, no discharge of any kind. From my inability at the examination to touch the os uteri, I concluded that the uterus must be ruptured or drawn away by some force which I could not determine, beyond reach.

7½ o'clock. Called in my relative, Dr. John Gegan, Sr., and having given him a history of the case, invited him to make an examination, which resulted as those previously made, save a slight and almost imperceptible touching against something which resembled, as he supposed, *torn tissue*. This discovery was made whilst I was endeavoring to force down the abdominal tumor toward his finger. I also made an examination, Dr. Gegan taking my position, when I found my finger to come in contact very high up with something resembling the edge of a placenta. It was evident that the patient was dying though still quite sensible, and talking to those about her, complaining only of a shortness of breath.

Up to within a few hours of Mrs. F.'s death she said "she could distinctly feel the child move," which fact made quite an impression

upon the mind of her husband, who giving up all hope for the recovery of his wife, now directed his attention towards the life of her child, which he desired if possible to save.

It was agreed that I should attempt the removal of the child, by abdominal incision, immediately after the patient's death.

I was accordingly sent for immediately after Mrs. F.'s death. I found her lying on her back, the abdominal tumor leaning toward the left side. An incision was made down the linea alba, commencing about two inches above the umbilicus, and extending down to the symphysis pubis. About two inches below the umbilicus my knife first passed through the walls of the abdomen, coming immediately in contact with the back of a large hydrocephalic dead child, whose head I found buried in the left hypochondriac region. After taking the child and placenta from the abdomen, I next removed large quantities of clotted blood, which afforded me an opportunity to examine the uterus, in which was a most *extensive transverse rent* between the fundus and body of the organ, in fact *the whole top seemed to have been torn off, leaving an attachment of only* 1½ *or* 2 *inches* on the posterior portion. The cap thus formed was very tender, easily torn, and very thin compared with the lower portion of the uterus, being almost as soft as wet paper, whilst the rest of the uterus was thick, solid, and I am inclined to think, healthy, though I confess that my very hurried and superficial examination does not warrant me in saying but that in the lower portion of the womb there was not any of the softening which I am sure existed in the upper portion.

The hydrocephalic head of the child measured twenty and three-quarter inches in circumference, bi-parietal diameter, eight and a half inches.

Some illustrious German has written an article on the subject of "Extracting Teeth without Pain by the Galvanic Process," in the *Medicin Central Zeitung*, speaking very favorably of this Philadelphia discovery. He describes the apparatus that he finds most convenient and serviceable as if it were *his own invention*, whereas it is altogether identical with the one invented and used in our city.

Sleep induced in Mania-a-Potu by the inhalation of Ether.

Reported by D. D. Richardson, M. D.,

One of the Resident Physicians, Philadelphia Hospital.

Wm. Wagner, aged 23 years, intemperate, was admitted into the Hospital, December the 23d, 1858, after a debauch of eight weeks. Patient had had no stimulus for several days prior to his admission, and was suffering greatly from debility.

Tongue furred and dry; pulse about 50 and quite feeble, stomach irritable, skin cold and clammy, features pale and contracted, countenance anxious and imploring, bowels relaxed, with no control whatever over the sphincter ani, nervous system completely unstrung.

A sinapism was applied to the epigastrium, and suffered to remain until vesication was produced.

The ordinary stimulant treatment of delirium tremens was pursued for six days. The pulse improved in frequency, though not entirely normal in force. On the seventh day, (the patient not having slept at all since his admission, and being relieved of gastric irritation,) I prescribed twelve minims of acetum opii to be given every two hours with an ounce of whiskey. Of this preparation twelve doses were administered. The pulse increased rapidly to one hundred and twelve. The patient manifested no inclination to sleep. Having failed with all the narcotics to induce soporism, I gave the patient ten ounces of ether, by inhalation. Holding the finger over the radial artery, after the stimulant effect of the ether, I could clearly discern a decrease in force and frequency of its pulsations, and when it had receded to about sixty five, a deep comatose sleep was induced, which continued for twelve hours, at the termination of which time, the patient awoke greatly refreshed, mentally and physically.

I have practiced etherization several times in mania-a-potu with marked good results, and believe it to be an excellent resort in cases of persistent insomnia with increased action of the heart, and delirium.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

Service of Dr. W. W. Gerhard.

WEDNESDAY, FEBRUARY 2.

Erysipelas.—There is no difficulty in diagnosing this case—the swelling of the face, puffiness below the eyes, the waxy hue of the countenance consequent upon effusion beneath the skin, and the reddish blush of the surface, are symptoms too characteristic to permit the slightest doubt of the existence of erysipelas. Is erysipelas a dangerous disorder? I answer, No; it very seldom kills—perhaps out of 100 cases you may lose one or two. But erysipelas in its results may be a dangerous disease, and particularly so when it induces inflammation of the brain.

Treatment.—Rest, mild diet, saline laxatives, and cooling applications to the face, consisting either of elm bark, mucilage, or lime water. Many practitioners recommend the encircling of the erysipelatous part, particularly when the face is affected, by the application of the tincture of iodine, or the nitrate of silver. My experience has been that this so-called cordon sanitaire very seldom if ever arrests the spreading of the disease.

Disease of the Heart from Rheumatism.—Case 1. This man was attacked by acute rheumatism last Sunday, and since then complains of great beating of the heart. Rheumatism does not effect the heart by *transmission* or *metastasis*.

Upon percussion we find the area of cardiac dullness increased, whilst auscultation reveals the presence of the bellows or rasping sound. This is a case of endocarditis. The heart, in consequence of the congestion, is enlarged, and hence the greater extent of dullness in the cardiac regions. From the same cause the valves of the heart are thickened, and in consequence the normal heart sounds are affected.

The extent and severity of endocardial inflammation can never be determined by the pain that the patient may complain of.

Endocarditis rarely kills *per se*, but the sequelæ of the disease are often the cause of death. What we dread in this disease is the consequent affection of the valves of the heart.

Treatment.—This patient being feverish, we shall give small doses of tartar emetic, also, pulv. ipecac et opii. gr. 5, every four hours with Scudamore's mixture.

[The formula for this is

℞ Magnesiæ, ʒss.
Magnes. sulphat. ℥ss.
Vin. colchici rad. ♏xx.
Aq. vel. aq. acid. carbon. fʒij.

Fiat haustus.] We shall also apply cups.

Case 2.—This man presents a more chronic disease of the heart, which arose from an attack of rheumatism 10 years ago; he is often seized with great pain in the region of the heart, and difficulty of breathing; the carotids throb violently upon the slightest exertion.

Percussion and auscultation reveal most extensive dullness, and an intense bellows sound. We have here excessive hypertrophy, with dilatation and disease of the mitral valves. Yesterday he had bleeding of the nose, occasioned by the congestion of the head arising from the obstructed circulation.

Treatment.—Tr. digitalis, 15 drops three times a day, ipecac et opii. gr. v., three times a day.

The extent of the heart disease in this case is most remarkable. I have never seen a heart so enormously hypertrophied as is the case in the patient before us.

[In the report for February 12, is an account of the post mortem examination of this patient.]

Several other cases of heart disease were presented.

Rheumatism and heart disease do not stand to each other as cause and effect. I assert that often the *cardiac disease precedes the rheumatism*. This organ is affected precisely in the same manner as any other muscle in the body. Rheumatism attacks the heart directly, not in consequence of retrocession.

In regard to the treatment of hypertrophy of the heart, we have but a few words to say, but those few contain the essence of the treatment.

Quiet and rest, morally, mentally, and physically, must be enjoined. A succession of blisters may be applied over the heart.

With care and attention you may accomplish much toward the relief of your patient.

SATURDAY, FEB. 5.

Service of Dr. W. W. Gerhard.

Cases of Paralysis.—Case 1.—This young woman has paralysis of the left side of the body. This loss of power occurred not in a slow and gradual manner, but suddenly.

From the manner of the accession of the attack we infer that there has been hæmorrhage upon the right side of the brain.

Paralysis, as a general rule, occurs upon the side opposite to the portion of the brain affected.

This attack occurred about fifteen days ago.

Treatment.—Do not form the opinion that in all cases of hæmorrhage on the brain you must deplete, or you will certainly hurry some of your patients into the next world. Prescribe according to the symptoms of each case. This patient is weak and debilitated, and we stimulate her — giving the carbonate of ammonia, which has little effect upon the brain. We also allow her a good nutritious diet.

Case 2.—Apoplexy, with consequent paralysis. This attack came on last October, whilst the patient was in the wards of the hospital for some other disease.

Treatment.—In this case we bled freely by cups, taking some 20 fluid ounces of blood. We gave an active purge and applied cold to the head, and subsequently a blister to the back of the neck. He has nearly recovered his power of motion.

Case 3.—We had at the onset of the disease, in this case, stertorous respiration, insensibility and flushed face.

On recovery from the immediate attack, we had hemiplegia.

He has nearly regained his power of motion.

There is no cause that we can assign for this attack, except advanced life.

In old age there is a great tendency to induration of the arteries, and, in consequence, the blood-vessels are apt to be ruptured.

Case 4.—In the middle of last summer this man was exposed to the heat whilst in a state of intoxication. When he awoke from his stupor he found that he had lost the power of motion on the right side of his body.

It is probable that during the intoxication, hæmorrhage occurred upon the left side of the brain.

Treatment.—Upon the same general principles as before given.

Case 5.—I now show you a case of paralysis consequent upon a chronic disease of the brain.

This man entered the hospital about five months ago, in consequence of paralysis of the left side of the body, which had slowly come on.

His countenance appears dull and heavy, and his mind seems impaired.

There could not have been either hæmorrhage upon the brain or congestion of that organ; for both of these are sudden in their onset.

This paralysis is probably due to softening of the brain, which in some cases may be consequent upon cerebritis, in others upon old age. In the latter case, there is an actual death of the part affected.

In this patient we have probably the second form of softening alluded to.

Several other cases illustrating the various points above dwelt upon were presented.

Pathological Specimen.—The patient from whom this brain was taken left her home a few days ago in a state of perfect health. While in the street she suddenly fell down in a state of profound insensibility. Upon being brought to the hospital it was at once observed that both sides were completely paralyzed. A few days before death her face was slightly drawn to one side.

The whole brain is much reddened externally: the cavity of the arachnoid is filled with blood, and the right and left ventricles contain clots of blood.

There was here a sudden hæmorrhage, which broke into the cavity of the arachnoid, and what is very unusual, forced its way into the ventricles.

SATURDAY, FEB. 12.

Service of Dr. Gerhard.

Post Mortem.—The patient with such extensive heart disease, referred to in the report of Feb. 2d, died very suddenly yesterday.

The Spleen was very much enlarged, being at least twice its natural size. This enlargement is due to the great congestion consequent upon the impeded circulation of the blood.

The Liver was somewhat enlarged, and had undergone, to a great extent, the fatty degeneration.

The Kidneys were greatly engorged.

The Pericardium was completely adherent to the heart.

The Heart was enormously hypertrophied, probably weighing at the least two pounds.

The mitral valve was greatly diseased, there being deposited in it a vast amount of bony matter, the valve could not close.

The left ventricle was double the natural size The walls were greatly hypertrophied.

The semilunar valves were hypertrophied, but otherwise healthy.

FEBRUARY 5, TO FEBRUARY 12.

Service of Dr. Peace.

Incised Wound of the Knee-Joint.—A mulatto woman, in a fight for life or death, with her husband, received in addition to several slight wounds of the chest, an incised wound which laid open the knee-joint. She was carried, immediately after the reception of the injuries, to a surgeon, who at once coaptated the edges of the wound. For several days the woman did very well; but suddenly she had a chill, the joint became swollen, and soon suppuration took place. This may result in an anchylosed knee, or even the necessity of amputation.

Injury to the Knee-Joint from the Bite of a Baboon.—The patient, a showman, was suddenly attacked by a large baboon, and received a bite which laid open the knee-joint.

Prognosis.—We shall here have anchylosis, or amputation, or death.

Amputation of the Arm in Consequence of Injuries Received from a Tiger.—That perambulating institution, Van Amburgh's Menagerie, is at present on exhibition in the city of Philadelphia.

On Friday afternoon, a young girl about 15 years

of age, visited the establishment during the rehearsal of a piece that was to be performed in the evening.

We append the following account, taken from one of the city papers:

"When no performance is going on every precaution is adopted to prevent accident. The bars of the cages are covered on all sides with wooden doors, and the cages themselves are surrounded with scenery in such a way as to form barriers, in order to keep out all persons who have no business with the animals. The girl worked her way through this scenery and going first to the cage occupied by a lion and a black tiger, the girl opened the door and patted the lion upon the back. The noble beast did not harm the girl, nor would he permit the tiger to hurt her. She then went to a cage occupied by a pair of huge Bengal tigers. She opened the cage in the same way. She then thrust her left arm through the bars, and she had no sooner done so than the male beast seized the limb, swallowing all he could get into his mouth, and chewing with his terrible teeth upon the arm just below the shoulder. At the same time he tore at her head and face with his claws, injuring her in a dreadful manner. The tigress joined her fierce mate, and, clutching the dress of the girl, she tried to drag her through the bars.

"The screams of the children soon gave the alarm, and several gentlemen immediately rushed to the rescue. A pitchfork was procured, and one prong was inserted between the tiger's teeth beside the girl's arm, and the other prong near the eye of the monster, and four men seizing the handle plunged the fork into the tiger. The latter, with a roar of pain and rage, dropped the girl, and drew back to make a spring upon his assailants, and the bleeding victim of his fury was borne away. As the furious beast again sprang forward, he was received with such a blow upon the head with a heavy iron crowbar, as to dissuade him from any further effort. The tigress sprang forward to aid her mate, but the crowbar was brought about her head with such good will as to place her *hors du combat* in a very short time."

It was found necessary to amputate the arm close to the shoulder-joint. The girl is at present in a very critical condition.

Dr. Peace, during the last week performed amputation of an arm in consequence of *cancer of the hand;* amputation of the leg in consequence of railway injuries; he also operated three times for hydrocele, and once for fistula in ano.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

SATURDAY, FEB. 5.

Service of Dr. Henry H. Smith.

Abscess in Axilla.—An infant had been scalded on the left hand and arm, an injury which had been treated by various domestic remedies. A few days subsequently a red painful swelling appeared in the axilla. This was due to an inflammation seated in the axillary lymphatic glands, a condition not unfrequent as a consequence of irritation located about the hand or forearm. Suppuration had not yet taken place, and might perhaps be avoided by prompt treatment. This must be directed to the seat of the scald, which was the primary injury, as well as to the enlarged lymphatic gland.

Irritants of every kind must be avoided, the portions of the scald yet unhealed must be treated by the most soothing applications, and the warm water dressing would be made use of for the enlarged gland.

Onychia from Contusion of the Finger—Two Cases.—Two children, a little boy and a little girl, each presented a condition of one of the fingers which deserved attention. The last joint of the affected finger, in both cases, was enlarged to twice its natural size, and was red and tender. The seat of the nail was occupied by an obstinate ulcer, which had resisted treatment for eight months in one case, and for more than a year in the other. At the upper part of the ulcer, in both cases, the nail could be seen, unhealthy in appearance, and distorted in shape, projecting almost perpendicularly upwards from the diseased matter. The cause of the disease, in both cases, had been a severe contusion. Dr. Smith said that in such cases the diseased nail acted as a direct irritant, and prevented the healing of the ulcer. If allowed to remain, the cases would continue in their present condition for an indefinite period of time. The proper treatment was to remove the nail by forceps, and after subduing somewhat the inflammatory action which existed, by means of the warm water dressing, narrow strips of adhesive plaster would be applied so as to make lateral pressure upon the swollen extremity of the finger. This would not only gradually bring the finger to its proper shape, but by directing the course of the new nail, would ultimately effect a complete cure.

The two little patients being then etherized, the operation of evulsion of the nail was performed for each, and the warm water dressing directed for a few days to prepare for the application of adhesive strips, as above directed.

Excision of the Mammary Gland.—An old woman, about sixty years of age, presented a tumor the size of a large egg, on the outer side of the left breast. The nipple was retracted, and the superficial veins enlarged. The skin was livid over the tumor, and was ulcerated at several places. The gland was *not* adherent to the pectoral muscle, nor was there any enlargement of the lymphatic glands of the axilla.

The tumor was first noticed about seven years ago, and had during its growth been the seat of much pain.

The opposite breast was much atrophied, as is usual at this age.

The case was evidently one of scirrhus, and being deemed a suitable one for an operation, Dr. Agnew, at the request of Dr. Smith, performed the excision of the breast, and the patient is now convalescing.

WEDNESDAY, FEB. 9.

Service of Dr. Henry H. Smith.

Fracture of the Internal Condyle of the Humerus.—A boy, seven years old, had fallen a week previously, and fractured the internal condyle of his humerus. In presenting the case to the class, their attention was especially called to the treatment. Formerly, fractures of the condyles were treated by Physick's method of two angular splints, one placed on the inside and one on the outside of the arm. This plan of treatment was, however, objectionable, because the pressure made by the splint upon the skin over the internal condyles was very apt to produce ulceration at this point.

An angular splint applied to the *anterior* face of the limb was therefore preferable. It should be well padded, especially at the angle, which, as it fits into the elbow, should be protected by a firm cushion of cotton wadding. The splint first applied should be fixed at a right angle, or nearly so, a precaution the usefulness of which would be recognized when it was remembered that the danger chiefly to be guarded in these fractures at first was luxation of the bones of the forearm backward.

To avoid, so far as possible, the danger of false anchylosis, the angle of the splint should subsequently be changed about every ten days during the treatment. This might be done by having several splints of diverse angles, or by using a splint which was hinged at the angle, and had a contrivance to retain the hinge in any desired angle.

The *prognosis* of such cases must always be guarded, as no matter how carefully they are treated, a *perfect* cure will not always result. Care in the treatment will, however, do much toward rendering the motion of the joint as nearly natural as possible.

Necrosis of the Jaw—Operation.—A little girl, the history of whose case will be found in the report of the University clinic of Wednesday, Oct. 20, 1858, (see REPORTER for Oct. 29, 1858, p. 85,) was again brought before the class. When before presented the sequestrum was not sufficiently loose to justify operative interference, and antiseptic mouth washes only were therefore employed. At present it was thought that a large sequestrum seen projecting into the mouth was sufficiently loose to justify the attempt to remove it, and it was accordingly drawn away with a pair of forceps, and found to be of some size, being about an inch and a half in length and three-quarters of an inch in breadth. Two of the first set of teeth remained in its upper surface, and it will readily be perceived, therefore, that it represented a considerable part of that side of the jaw.

A mouth wash of Labaraque's solution f ʒj to f ʒvj of water was directed.

Oblique Inguinal Hernia.—A boy, eight years old, presented an oblique inguinal hernia on the right side: the tumor was about the size of a small egg, and had first been noticed two years ago. A truss was directed. In connection with this case some remarks were made upon the subject of trusses, especially in connection with trusses designed to effect a radical cure. Dr. Smith said that if radical cures in hernia could ever be expected from the mere action of trusses, it was in the case of children, but that the idea that the probability of such a cure could be increased by increasing the pressure made by the pad of the truss to such a degree as to produce inflammation, and the exudation of lymph, was erroneous. A stiff spring and a hard conical pad might excite inflammation indeed, and exudation, but it would be *in the skin*, and not in the inguinal canal, where alone it could be of avail. The result would be *ulceration of the integuments*, and not the radical cure of the hernia.

In the majority of cases in which a radical cure occurred in a child afflicted by hernia, he believed that it was due to the closure of the ring in consequence of changes connected with the normal growth of the individual, and not with inflammatory adhesions created in the inguinal canal. To give this chance to the patient it was only necessary to keep the canal empty by keeping the hernia constantly up by a proper truss. There was another danger in allowing the spring of the truss to be too strong —a danger worse than ulceration of the skin. The pressure might disturb the circulation of the cord, and induce finally atrophy and loss of function in the testicle. This danger might also occur even with a proper truss, if it were not properly applied. The hernia having been reduced, the pad should make pressure over the inguinal canal, toward the internal ring, and not over the external ring. Too much care could not be given to this subject in daily practice, and the disposition of druggists and cutlers to fit trusses was reprobated, unless supervised by a surgeon.

False Anchylosis of the Shoulder Joint.—A little girl fell and struck her shoulder joint about a year ago. After the injury the articulation was swollen and tender for some time, and after recovering from this condition the arm was left comparatively stiff. Examination showed that most of the motion which the child had in this arm was really due to the mo-

bility of the scapula, as, when the humerus moved, the scapula moved with it. The true motion of the humerus in the glenoid fossa was extremely small. The case was one of false anchylosis, and was probably due to the organization of lymph poured out into the joint at the time of the injury. The treatment would consist in the judicious use of passive motion, persisted in patiently for some time. It is to be observed, however, that during these movements the scapula must be steadied by an assistant, or its mobility might mislead as to the degree of motion in the joint.

Atrophy of the Deltoid Muscle from Contusion.—This condition was exhibited on the left side of a large muscular man, as the result of a fall upon the shoulder. Dr. Smith said that atrophy of the deltoid was a frequent consequence of blows upon the shoulder, and was due to the paralysis of the nerves supplying that muscle. Normal innervation is essential to normal nutrition, and whenever the nerve supplying a part are injured, more or less atrophy may be expected to ensue. In the treatment of these cases general principles must not be lost sight of. Antiphlogistics, and the local abstraction of blood were proper immediately after the injury, if inflammation of the joint ensued. Passive motion was afterwards useful, both as preventing anchylosis and as exercising the muscles around the joint. If, under this treatment, the patient did not improve, an occasional current of electricity, obtained by placing one pole of the battery on the neck, over the cervical plexus, and the other on the inner side of the arm, was especially recommended.

HOSPITAL OF THE JEFFERSON MEDICAL COLLEGE.

Service of Dr. Dunglison.

Wednesday, Feb. 9.

Cardiac Disease.—A patient was introduced who had suffered from difficulty of breathing, but without cough or other evidence of pulmonary irritation. The dyspnœa does not occur at night, as is usually the case in asthma. Emphysema might be suspected, but there is no sibilant or sonorous rhoncus, cough, or prominence of the chest. There is great rapidity of the circulation, as well as increased impulse. The mischief is more cardiac than pulmonary. He needs chalybeates, and the external employment of friction with a coarse towel. Let him be put upon the use of the subcarbonate of iron.

Erythema Intertrigo.—Jeremiah M., an infant, has an exanthematous eruption in the groin—erythema intertrigo—produced by friction of the surfaces. It may be caused by want of attention to cleanliness. The parts should be washed with cold water, and afterwards be dusted with some fine powder, such as hair powder, lapis calaminaris, or Fuller's earth. No internal medication is required.

Sciatica.—A young man was brought in with pain extending down the thigh, following the course of the sciatic nerve. It is one of those cases in which the actual cautery—"firing"—has often been employed with advantage. Medicated liniments, such as the volatile liniment, turpentine liniment, etc., might also be prescribed; and yet simple friction with a coarse towel may be productive of as much benefit. Internally, too, let him take ten drops of the oleum terebinthinæ three times daily. The milder liniments, especially, doubtless owe their virtues more to friction than to the articles which enter into their composition. In Edinburgh, old women, who were known as "dry rubbers," formerly acquired a decided reputation in cases in which liniments had failed, and people visited that city for the purpose of placing themselves under their treatment, although the friction was made merely by hands dipped in flour to prevent abrasion. The success of such frictions, practiced by the clock half an hour at a time, was often signal.

Saturday, Feb. 12.

Incontinence of Urine, &c.—Henry B., 60 years of age, has suffered from incontinence of urine and sanguineous discharges from the bowels. He is obliged to get up sometimes in the night to pass his water, and he has seven or eight evacuations per anum every day, complicated with griping and pain. He has never passed gravel. The tincture of the chloride of iron, ten drops to be taken three times daily, will doubtless exert a beneficial action both upon the bowels and urinary organs.

Dropsical Effusion from Hepatic Disease.—Sewell C., aged 20, has had jaundice lasting through the fall and winter, pains in the bowels, and a swollen abdomen. He has never been of intemperate habits. All the evidences exist of the presence of fluid in the abdomen and lower extremities, the latter being deeply pitted on pressure. Dropsical effusions, as we have previously remarked, are usually dependent upon a morbid condition of the visceral organs, either the liver, kidney, or heart; and hence we should always direct our inquiries to the probable existence of hepatic, renal, or cardiac mischief. Some morbid condition of the liver has been the antecedent of the dropsical effusion in this case, perhaps cirrhosis, although that affection is more often the result of the bad habits of the patient. He had jaundice four years ago, and has not been in good health since. Alcoholic liquors produce chronic hepatitis, and morbid changes in the

system of nutrition of the liver. A mode of causation was explained to the class, the alcohol passing with facility by endosmose through the coats of the veins of the portal system, and being distributed through the liver, whose actions it excites and perverts. In consequence of the altered condition of the liver, the blood of the vena portæ cannot circulate freely through that organ, and engorgement of the branches of the vessels takes place, followed by transudation of the watery portions of the blood. Dropsical effusion, consequent upon hepatic disease, may, in this way, be readily understood. The urine must be examined, to determine whether renal disease, such as granular degeneration of the cortical substance of the kidney, or Bright's disease, exists; and yet we shall probably find the affection altogether hepatic in its origin. In all cases of dropsical effusion, we naturally think at once of diuretics, for they augment the secretion from the kidneys, and the quantity of circulating fluid is thus diminished; imbibition is augmented, the fluid of the dropsy soaks through the parietes of the vessels, and the dropsical effusion may disappear. This is a case which may be benefited by the combination of iodine and mercury, two powerful eutrophics, which, associated with a diuretic treatment, may make a decided impression.

℞. Hydrarg. iodid. gr. j.
Extract. taraxaci gr. iv. M.

Ft. pil. One to be taken night and morning. The taraxacum is added more with a view to its action as an excipient than with any confidence of its action as a diuretic, or on the liver, as is imagined by some. The protiodide of mercury, in comparative potency, resembles calomel in its action, while the deutiodide is more like the corrosive chloride.

℞. Potass. bitart.
Bacc. junip. āā ℥j. M.

For a quart of boiling water; a wineglassful to be taken occasionally. The bitartrate is very sparingly soluble in cold water, not more than one part to sixty; and, consequently, enough will remain undissolved for further infusions.

Service of Dr. Pancoast.

WEDNESDAY, FEB. 9.

Intermittent Neuralgia Treated by the Actual Cautery.—The case of neuralgia of an intermittent character, previously before the class, was again brought in. Great tenderness exists in the dorsal region of the spine, and intense sensitiveness on pressure, which is not due to the motion of the bodies of the vertebræ pressing on the nervous matter. Rheumatic inflammation of the periosteum lining the vertebræ doubtless exists, so that when pressure is made upon the periosteum covering the spinous processes, pain is experienced, which is reflected over a large surface. Such cases are usually treated by rubefacients, blisters, etc. He is losing the power of motion in the arm and leg of the opposite side; has great palpitation of the heart, and the evidences of uræmia. He requires tonics, such as quinia and iron, in combination with other agents that seem especially adapted to the treatment of these complicated rheumatic and cardiac affections, such as colchicum and digitalis. The potential cautery, as a means of external counter-irritation, would not have as much good effect as the hot iron, and its action would not be so rapid. Vienna paste, which makes the most prompt impression, would take eight or ten minutes, and would not then exert so powerful a counter-irritant influence as the actual cautery, whose application is the work of a moment. Two issues were made above, one on each side of the spine, and another below, not directly over the spinous process, but a little to one side.

℞. Pil. ferri carbonatis, gr. i.
To be taken three times daily.

[The report of a strange case of Heteradelphia will be given in detail in a subsequent number.]

SATURDAY, FEB. 12.

Stricture of the Urethra—Operation.—This case, previously reported, (page 330,) was again brought in, with a view of dilating the urethra if possible, by a larger instrument. The remaining stricture is seated at the curve of the urethra, which is usually about six inches down. In dividing a stricture, great care must be taken not to injure the walls of the urethra by incising them also. The safest plan after the operation is to introduce a catheter, which must be left in for two or three hours to allow the wound in the wall of the urethra, if any such has been made, to glaze over, and thus prevent infiltration of urine into the areolar tissue from taking place. The stricture being divided, it was found that a catheter would not pass, and a wax bougie was accordingly introduced, and allowed to remain in situ.

Morbus Coxarius.—A small child was brought to the clinic with what was supposed by the parents to be disease of the knee-joint. The pain in the knee, however, is merely symptomatic of hip-joint disease, the nates being flattened from wasting, as is usually the case in this affection. Quiescence of the joint must be strictly enjoined, with attention to the bowels, the administration of tonics, etc., and a

little wine occasionally. A small issue was made over the part by means of the actual cautery, the patient being under the influence of ether.

Lithotomy.—The sixth case of stone in the bladder presented during this session, is a boy, nineteen years of age, who comes from an anthracite region, and who, fifteen years ago, suffered greatly from pain in micturition, and hæmaturia. He has, therefore, probably had a calculus for seventeen years, a year or two before he suffered any great inconvenience from its presence. The stone is very large; perhaps two exist. If the patient was older—thirty years of age, for example, lithotrity or crushing would be preferable to cutting. It is proposed now to perform the bilateral operation of lithotomy, founded on that of Celsus, as the vessels of the perineum are probably enlarged, and this process will avoid the necessity of dividing the larger vessels. The bilateral operation consists in making an incision posterior to the bulb of the urethra, and anterior to the anus, involving both sides of the perineum. An incision is then made through the membranous portion of the urethra, and the prostate may be cut bilaterally, with the double lithotome of Dupuytren, or some other instrument devised for the purpose. The different forms of forceps for extracting the stone were then described. The operation was performed, and a huge calculus removed from the bladder.

Medical Societies.

MEDICAL SOCIETY OF NEW JERSEY.

The ninety-third Annual Meeting of the Society was held at Trenton, January 25, 1859.

The President, Dr. I. P. Coleman, called the Society to order.

The following constitute the members:

OFFICERS.

President—I. P. Coleman.
First Vice President—J. R. Sickler.
Second Vice President—W. Elmer.
Third Vice President—J. H. Clark.
Corresponding Secretary—S. W. Butler
Recording Secretary—W. Pierson.
Treasurer—J. S. English.
Standing Committee.—E. B. Richman, B. R. Bateman, and N. R. Newkirk.

DELEGATES.

Essex—A. N. Dougherty, J. A. Cross, C. F. J. Lehlbach, and B. S. Dodd.
Middlesex—G. H. Sears, C. McKnight Smith, E. M. Hunt, and C. Morrogh.
Monmouth—E. Taylor, J. Vought, J. T. Woodhull, and R. W. Cooke.
Burlington—Z. Read, R. H. Page, B. H. Stratton, and G. S. Schively.
Mercer—J. B. Coleman, J. Woolverton, E. Hance, and T. J. Corson.
Hunterdon—J. Leavitt, J. F. Schenck, J. A. Gray, and J. Blane.
Gloucester—J. C. Weatherby, B. P. Howell, L. F. Halsey, and S. T. Miller.
Cumberland—N. R. Newkirk, E. Fithian, E. E. Bateman, and E. B. Richman.
Sussex—T. Roe, J. S. Hunt, F. Smith, and J. R. Stuart.
Warren—R. Sharp and B. F. Brakely.
Hudson—S. L. Condict.
Fellows Present—J. W. Craig, F. S. Schenck, J. Fithian, B. H. Stratton, J. H. Phillips, S. H. Pennington, J. B. Coleman, R. M. Cooper, S. Lilly, L. Condict, and Z. Read.

The President delivered the Annual Address.

Dr. A. K. Gardner, of New York, being present, was invited to sit as corresponding member, and by request, addressed the Society upon certain uterine affections.

Society adjourned to 9 o'clock to-morrow.

Jan. 26.—Society convened. The minutes of last meeting were read and approved.

Dr. Newkirk, of the Standing Committee, in the absence of the chairman, stated that no report had been prepared, but that communications from two reporters had been placed in his hands at too late an hour for use, which were subsequently reported to the Society.

By request of the Society, Dr. Lehlbach read portions of the report which he had prepared for the Standing Committee.

The Committee appointed at the last meeting on a plan of raising funds for the Society, made a report, which was accepted and ordered to be laid on the table.

Dr. Wickes, of the committee on the plan of recording and reporting cases coming under medical treatment, made a report, which was accepted and the committee continued.

The following resolution, offered by Dr. Dodd, viz: "That no delegate shall be admitted from any district society which hereafter admits members who sell, use, or deal in any of the secret, patent nostrums," known as quack medicines, was referred to a special committee, consisting of Drs. Dodd, Coles and Dougherty, to report at the next meeting.

On motion of Dr. Brakely,

Resolved, That in future the Nominating Committee shall consist of one person from each district society represented, who shall be appointed by the respective delegations.

DR. LEHLBACH, offered the following, which was adopted.

Resolved, That a committee of three be appointed to investigate the influence of nitrate of silver upon the tissue of the lungs, with reference to injections of nitrate of silver into that organ.

Drs. Lehlbach, Dougherty, and A. W. Woodhull, were appointed.

The following Censors were appointed:

Hudson—Reeves, Buck, Vondy, and Forman.

Mercer—E. Hance, J. B. Coleman, C. Hodge, and J. H. Janeway.

Hunterdon—W. Johnson, J. A. Gray, I. S. Cramer, and W. S. Creveling.

Essex—S. Wickes, G. Grant, C. F. J. Lehlbach, and B. S. Dodd.

Morris—J. B. Johns, N. W. Condict, Van Arsdale, and Stiger.

Middlesex—Thomson, Smith, Hunt, and Martin.

Cumberland—W. Elmer, N. R. Newkirk, E. Bateman, and C. Butcher.

Burlington—B. H. Stratton, I. P. Coleman, F. Gauntt, and H. H. Longstreet.

Monmouth—A. B. Dayton, E. Taylor, J. T. Woodhull, and J. S. English.

Sussex—T. Ryerson, A. Linn, C. V. Moore, and J. Miller.

Warren—R. Byington, J. Cooke, J. D. Dewitt, and J. C. Johnson.

Camden—I. S. Mulford, C. D. Hendry, J. V. Schenck, and R. M. Cooper.

Gloucester—J. Fithian, J. R. Sickler, C. Clark, and S. T. Miller.

OFFICERS ELECTED.

President—J. R. SICKLER.

First Vice President—W ELMER.

Second Vice President—J. BLANE.

Third Vice President—J. WOOLVERTON.

Corresponding Secretary—T. J. CORSON.

Recording Secretary—W. PIERSON.

Treasurer—J. S. ENGLISH.

Standing Committee—A. Taylor, C. Dunham, and H. R. Baldwin.

Delegates to American Medical Association—L. Condict, S. H. Pennington, L. A. Smith, A. N. Dougherty, E. Fithian, J. S. English, B. P. Howell, J. B. Potter, G. Grant, A. Coles, J. Fithian, S. Lilly, P. F. Brakely, and B. H. Stratton.

Dr. Tichenor was re-appointed Essayist.

The report of the Committee on Raising Funds was taken from the table, and the following resolution was finally adopted.

Resolved, That an assessment be made upon each district society of $3 for every ten of their attending members.

The Committee on Treasurer's accounts reported a balance in his hands of $9 28.

Resolved, That a committee of three be appointed on printing, and that the transactions of the society be printed in a separate form, the expenditures not to exceed $75.

The committee consists of Lehlbach, Dougherty, and Grant.

The hour of meeting of the next anniversary was fixed at 7 o'clock P. M. The Committee of arrangements continued.

Society adjourned.

W. PIERSON, *Recording Sec'y.*

Editorial.

RANK OF MEDICAL OFFICERS IN THE NAVY.

As long ago as the year 1814, Dr. Wm. P. C. Barton, in his valuable treatise on Marine Hospitals, wrote as follows:—"It will be a matter of surprise to those who are ignorant of the fact, to learn, that at this late period of our naval establishment, the rank of a grade of officers, confessedly among the most important of those who compose the navy, is not yet determined.

"The inconveniences and disadvantages of this omission, are well known to the medical and other officers of the service. I have sorely experienced them; and would venture to assert, that every surgeon in the navy has at some period or other of his service, also felt the effects of this indefinite standing as respects other officers of the navy."

The opposition of officers of the line in the navy, to an established rank of staff-officers, prevented all formal action in the premises until August 31, 1846, when the honorable George Bancroft, Secretary of the navy, issued the following general order:—

"Surgeons of the Fleet, and surgeons of more than twelve years, will rank with commanders; surgeons of less than twelve years, with lieutenants; passed assistant surgeons, next after lieutenants; assistant surgeons, not passed, next after masters; commanding and executive officers, of whatever grade, when on duty, will take precedence over all medical officers.

"This order confers no authority to exercise

military command, and no additional right to quarters."

This general order was legalized by an Act of Congress, approved August 5, 1854. But practically it is, we are assured, so reluctantly obeyed, and, on board of some of our ships, so entirely evaded, as to be next to a dead letter.

The following able communication on the subject we find in the National Intelligencer of the 29th ult.

To the Editors of the National Intelligencer:

You will confer a favor upon myself and do an acceptable service to the medical officers of the army and navy by publishing the enclosed Royal Warrant of her Majesty, the Queen of England, for the medical department of the British army.

The medical officers of the United States army, after a struggle of many years' duration, finally obtained from Congress a just recognition of their demands for a definite military position. The act of February 11, 1847, gave the Surgeon General of the Army the rank of colonel; to surgeons the rank of major; to assistant surgeons of more than five years' service, the rank of captain, and of less than five years' service, the rank of first lieutenant. The only proviso to that substantive rank is in the words following: "Provided, that the medical officers *shall not, in virtue of such rank, be entitled* to command in the line or other staff departments of the army." With that law the medical officers are satisfied; but they think the interpretation which has been given to it in the present code of army regulations unjust and illegal, inasmuch as the full intendment of the law is thereby defeated. In the opinion of the surgeons that law was intended to confer additional military privileges and powers upon the medical staff; not to abrogate any power they then possessed, either in virtue of law or of regulation. But such is the force of prejudice and of the pride of military command, that all those agencies which were brought to bear to defeat the claims of the military surgeon, as finally admitted by Congress, have been employed with untiring energy, to diminish or render void the advantages which the law was intended and really did confer. It is not my purpose to discuss here the position of the medical corps of our army, but merely to show the interest which attaches to the subject matter of the recent royal warrant. The medical officers of the United States navy have had a similar struggle, and have, after much opposition, obtained in a great degree the advantages for which they contended. It is greatly to be desired that the vexed questions which for many years past have disturbed the harmony and efficiency, not only of our own, but also of European armies, may be finally disposed of upon principles of equity and of justice. The time has past in which our combatant officers could point to the example of Europe as a reason for opposing the claims of surgeons to military rank. The warrant of the Queen of Englaad, and the comparatively recent order of Austria's greatest general, Field Marshal Radetzky, announcing that the distinctions which have heretofore existed between military officers as combatants and medical officers as non-combatants *must cease;* that the latter were exposed equally with the former to the dangers of battle, and the vicissitudes of a campaign, and were entitled to a full share of military honors and emoluments, will show that the propriety, if not the necessity, of giving military surgeons military rank, has been recognised by two of the most aristocratic governments in Europe. Would it not be wiser in them to imitate the present examples of those nations, than to maintain, for a time, positions they have abandoned, to yield at last to the force of public opinion, called forth, it may be, as in the case of England, by disasters which overwhelmed and well nigh annihilated an entire army!

The question is often asked, Why do medical officers wish military rank? A concise and appropriate reply will be found in the following words of Dr. Robert Jackson, Inspector General of the British Army Hospitals, and author of a well known standard work on the "Formation, Discipline, and Economy of Armies:"

"Rank is of no intrinsic value in itself to a man of science; but the opinion connected with the rank makes an impression on the soldier, which aids materially in giving force to medical authority, and consequently to medical utility. The soldier is accustomed to view things superficially, to estimate and judge by the exterior only; for, as he is not permitted to reason and resolve to principle, the science of the medical art is less regarded by him than the authority of the rank under which it is applied to him. For this reason we venture to assert that if the medical officer stand in what may be called a degraded rank in military estimation, the usefulness of the medical art will lose much of its value as applied to a military subject." R. H. C.

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From the Medical Times and Gazette, London October 23, 1858.

The following warrant was issued on Thursday morning, October 14:

"VICTORIA R.

"Whereas we have taken into our consideration the recommendations of the commissioners appointed by our authority to inquire into the regulations affecting the sanitary condition of our military forces, and the medical treatment of the sick and wounded of our army, our will and pleasure is, that from and

after the date of this warrant, the following rules shall be established for the future admission, promotion, and retirement, and the pay, half pay, relative rank, and allowances of the medical officers of our army, and that by these rules our Commander-in-Chief shall govern himself in recommending officers for admission, promotion, and retirement.

"1. The grades of medical officers in our army shall be four in number, viz:

"(1.) Inspector-General of hospitals.

"(2.) Deputy Inspector-General of hospitals.

"(3.) Staff or Regimental Surgeon, who, after twenty years' full pay service in any rank, shall be styled Surgeon-Major.

"(4.) Staff or Regimental Assistant Surgeon.

"2. No candidate shall be admitted to the competitive examination for a commission in the Medical Department of our army who does not possess such a certificate or certificates as would qualify a civilian to practice medicine and surgery; and no such candidate shall receive a commission as assistant surgeon until he shall have satisfactorily passed an examination in military medicine, surgery, and hygiene, after attending the authorized course in a general military hospital.

"3. No assistant surgeon shall be eligible for promotion to the rank of surgeon until he shall have passed such examination as our principal Secretary of State for War may require, and shall have served on full pay with the commission of assistant surgeon for five years, of which two shall have been passed in or with a regiment.

"4. A surgeon, whether on the staff or attached to regiments, must have served ten years in the army, with a commission of full pay, of which two must have been passed with the rank of surgeon in or with a regiment, before he will be eligible for promotion to the rank of deputy inspector-general of hospitals.

"5. A deputy inspector-general of hospitals must have served five years at home, or three abroad, in that rank before he shall be eligible for promotion to the rank of inspector-general.

"In cases, however, of emergency, or when the good of the service renders such alteration desirable, it shall be competent for our Secretary of State for War to shorten the several periods of service above mentioned, in such manner as he shall deem fit and expedient.

"6. Assistant-surgeons shall, as a general rule, be promoted to the rank of surgeon in the order of their seniority in the service, unless unfit for the discharge of their duties from physical or professional incompetence or misconduct. In cases of distinguished service, however, an assistant-surgeon may be promoted without reference to seniority; and in such cases, with a view to insure the responsibility attaching to an appointment made out of the regular course of promotion, the recommendation in which the services of the officer shall be detailed, shall be published in the General Orders of the Army, and in the gazette in which his promotion appears.

"7. All promotion from the rank of surgeon to that of deputy-inspector, and from the rank of deputy-inspector to that of inspector, shall be given by selection for ability and merit; and the grounds of such selection shall be stated to us in writing, and recorded in the office of our Commander-in-Chief, the selection being made from the whole rank of surgeons, whether styled surgeons or surgeon-majors.

"8. The rates of pay of the medical officers of our army shall be in accordance with the following schedule:

	After 30 years' service on full pay.	After 25 years' service on full pay.	After 20 years' service on full pay.	After 15 years' service on full pay.	After 10 years' service on full pay.	After 5 years' service on full pay.	Under 5 years' service on full pay.
	£ s. d	£ s. d	£ s. d	s. d.	s. d.	s. d.	s d.
Inspector-General, . .	2 5 0	2 5 0	2 0 0a	—	—	—	—
Deputy Inspector-General,	1 14 0	1 10 0	1 8 0a	—	—	—	—
Surgeon-General, . . .	—	1 5 0	1 2 0	—	—	—	—
Surgeon, ...	—	—	—	18 0	15 0a	—	—
Assistant Surgeon, . .	—	—	—	—	13 0	11 6	10 0

(a) Or on promotion, should these periods of services not be already completed.

"9. In addition to the pay of their ranks, officers at the head of the medical department on foreign stations shall receive allowances at the under-mentioned rates, when serving under the following circumstances, viz:

"If with an army in the field of 10,000 men or upwards, 20s. per day.

"If with an army in the field of 5,000 men or upwards, 15s per day.

"If with an army in the field of any less number, 10s. per day.

"If serving in a colony where the forces consist of 1,500 men or upwards, 5s per day.

"10. After the date of this warrant every medical officer placed on half pay by reduction of establishment, or on the report of a Medical Board, in consequence of being incapacitated by reason of ill health, caused by wounds, or brought on by the discharge of his duties, shall be allowed the half pay to which his period of full pay service may entitle him, according to the following schedule:

	After 30 years' service on full pay.	After 25 years' service on full pay.	After 20 years' service on full pay.	After 15 years' service on full pay.	After 10 years' service on full pay.	After 5 years' service on full pay.	Under 5 years' service on full pay.
	£ s. d	£ s. d	£ s. d	s. d.	s. d.	s. d.	s. d.
Inspector-General, . .	1 17 6	1 13 6	1 10 0	—	—	—	—
Deputy Inspector-General	1 5 6	1 2 6	1 1 0	—	—	—	—
Surgeon-Major, , . . .	—	0 18 6	0 16 6	—	—	—	—
Surgeon, ...	—	—	—	13 6	11 0	—	—
Assistant-Surgeon. . .	—	—	—	—	10 0	8 0	6 0

"11. With a view to maintain the efficiency of the service, all medical officers of the rank of surgeon-major, surgeon, or assistant-surgeon, shall be placed on the retired list when they shall have attained the age of fifty-five years, and all inspectors-general, and deputy inspectors-general, when they shall have attained the age of sixty-five years.

"Officers thus superanuated shall be entitled to the rates of half pay stated in the preceding schedule.

"12. Every medical officer who shall have served upon full pay for twenty-five years and upwards shall have the right to retire upon half pay, at the rate of seven-tenths of the daily pay he was in re-

ceipt of when thus retiring, provided he shall have served three years in the rank from which he retires, or shall have served in any rank for ten years in the colonies, or five years with an army in the field. But if he shall not have complied with any one of these conditions he shall be entitled only to half pay, at the rate of seven-tenths of the daily pay he was in receipt of before his last promotion.

"13. Every medical officer thus claiming to retire must give six months' notice to the head of his department of his intention to claim this right prior to his being allowed to retire; and no medical officer shall have a right to give such notice after he shall be under orders to proceed to any foreign station, until he shall have served at such station for one month.

"14. If a medical officer is placed on half pay from any other cause than those hereinbefore named, he shall only be allowed a temporary rate of half pay (not exceeding the rates stated in clause 10) for such period and at such rate as shall be assigned to him by our Secretary of State for War, on a consideration of the length and character of the services rendered to the public by such medical officer.

"15. On reduction of establishment, the surgeon and assistant-surgeon who are junior in the ranks shall be first reduced, and, on restoration to full pay, the reduced officers who are senior in their rank shall be the first restored.

"16. The rank of the medical officers of our army shall be as follows:

"Staff or regimental assistant surgeon as a lieutenant, according to the date of his commission: and after six years' full pay service as captain, according to the date of the completion of such service.

"Staff or regimental surgeon as major, according to the date of his commission; and surgeon-major as lieutenant-colonel, but junior of that rank.

"Deputy inspector-general of hospitals as lieutenant-colonel, according to the date of his commission; and after five years' full pay service as deputy inspector-general as colonel, according to the date of such service.

"Inspector-general of hospitals as brigadier-general, according to the date of his commission, if with an army in the field, or after three years' full pay service as inspector-general as a major-general, from the date of his joining such army in the field, or according to the date of the completion of such service.

"17. Such relative rank shall carry with it all precedence and advantages attaching to the rank with which it corresponds, (except as regards the presidency of courts-martial, where our will and pleasure is that the senior combatant officer be always president,) and shall regulate the choice of quarters, rates of lodging-money, servants, forage fuel and light, or allowances in their stead, detention and prize money. But when a medical officer is serving with a regiment or detachment, the officer commanding, though he be junior in rank to such medical officer, is entitled to a preference in the choice of quarters.

"18. Medical officers shall be entitled to all the allowances granted by our warrant of the 13th of July, 1857, on account of wounds and injuries received in action, as combatant officers holding the same relative ranks.

"19. Their families shall in like manner be entitled to all the allowances granted by our warrant of the 15th of June, 1855, to the families of combatant officers holding the same relative ranks.

"20. Medical officers shall be entitled to field allowances, at home and abroad, at the following rates, subject to all the conditions and restrictions laid down in our warrant of the 1st of July, 1848:

DAILY RATE.

	Ordinary.		Extraordinary.	
REGIMENTAL.	s.	d.	s.	d.
Assistant Surgeon under 6 years' service,	1	0	2	0
Assistant Surgeon, above 6 years' service,	1	0	2	6
Surgeon,	2	6	4	6
Surgeon Major,	2	6	4	6
STAFF.				
Assistant Surgeon, under 6 years' service,	1	6	2	6
Assistant Surgeon, above 6 years' service,	2	0	3	6
Surgeons,	3	0	5	0
Surgeon Major,	3	0	5	0
Deputy Inspector General, under 3 years' service,	4	6	7	6
Deputy Inspector-General, above 3 years' service,	6	0	10	0
Inspector-General of Hospitals	9	0	15	0

"21. Surgeons or surgeons-major of infantry regiments shall not in future be subject to any diminution of the allowance of forage, according to the regulations in force, nor to any stoppage out of their daily pay for any ration of hay, straw, or oats supplied for the horse or horses kept by them for the public service.

"22. All staff surgeons of the first class and senior surgeons of artillery now serving, or who, being now on half pay, shall hereafter be called upon to serve, shall rank as surgeons-major from the date of their commissions as staff-surgeons of the first class, or senior surgeons of artillery, and shall receive the pay of surgeon-major, according to the foregoing schedule of full pay, from the date of this warrant, or from the date of being called from half pay to full pay; and all surgeons who have already completed twenty years' full pay service, or upwards, in any rank, shall have the rank and pay of surgeons-major from the date of this warrant.

"23. Medical officers shall be held entitled to the same honors as other officers of our army of equal relative rank. (b)

"24. A medical officer, retiring after a full pay service of twenty-five years and upwards, may, if recommended for the same by the head of his department, receive a step of honorary rank, but without any consequent increase of half pay.

"25. Good service pensions shall be awarded to the most meritorious medical officers of our army, under such regulations as shall be from time to time determined by us, with the advice of our Secretary of State for War.

"26. Six of the most meritorious medical officers of the army shall be named my Honorary Physicians, and six my Honorary Surgeons.

"Given at our Court of St. James's this 1st day of October, 1858, in the 22d year of our reign.

"By her Majesty's command. J. PEEL."

(b) This clause does not extend to the compliments to be paid by garrison or regimental guards, as laid down in pages 29 and 30 of the "Queen's Regulations for the Army."

EPISCOPAL HOSPITAL.

We have received the "Report of the Board of Managers of the Hospital of the Protestant Episcopal Church in Philadelphia," from which it is evident that the institution is doing very efficient service in proportion to its limited means and inadequate building accommodations. We commend this Hospital to professional favor and public patronage to aid its benevolent designs. Although sectarian in its government, it is a general hospital "without exclusion of creed, country or color."

The statistics of the institution show that during the year 1858, there have been three hundred and forty-two patients admitted. These, in connection with the thirty remaining in the Hospital at the time the last report was made, increase the number to three hundred and seventy-two.

Three thousand four hundred and sixty out-door or dispensary cases have been prescribed for and furnished with medicines by the Resident Physicians, an increase of thirteen hundred and twenty-four over those of last year.

We invite the attention of the Medical Profession of this country to the department in the REPORTER of ORIGINAL COMMUNICATIONS.

Articles on all subjects of general medical interest, essays, scientific investigations, details of cases, necrological notices, medical news, etc., will be received from every locality.

The original character of the REPORTER has popularized it with unprecedented rapidity over the whole Union, and as its contents will continue to be almost entirely original, we offer it as the most available and prompt means of spreading before the American Medical Profession everything deserving their general attention.

Periscope.

A Successful Case of Transfusion in Yellow Fever.—To be the means of saving the life of a fellow being evidently sinking into the grave—to do this by the application of principles of treatment essentially new in the particular disease subjected to treatment, and especially by the application of these principles to save the life of one who is as dear to the practitioner as his own, is the very culmination of the ambition of the conscientious physician. Such has been the happy distinction attained by our friend Dr. N. B. Benedict, of New Orleans, in a case published in the January number of the *New Orleans Medical News and Hospital Gazette.*

The epidemic of Yellow Fever which prevailed in New Orleans the past summer, was unusually fatal. Dr. B. had four cases of the disease in his own family, and it seemed as if one of them certainly had been marked by Death as his victim; but a timely resort to transfusion called the patient back to life again, and, we hope, *established* a new principle in the treatment, not only of yellow fever, but of other diseases where death seems to be inevitable from exhausting discharges.

The case, in brief, is as follows:—Miss J. B., who had resided for nine years in Mississippi, and for four years in New Orleans, had suffered from no serious illness for fourteen years. On the 11th of October last, she was exposed to a drenching rain, and at 9 o'clock, P. M., of the following day, was seized with a violent chill. The symptoms of yellow fever could not have been more characteristic than in this case, and it proved to be unusually obstinate during the first stage. On the third day Dr. C. B. White was called in, and on the fifth day Dr. Wm. E. Kennedy was added to the consultation. Hemorrhage from the mouth began on the fifth day and gradually increased, until, on the night of the eighth day, the blood, diluted with the saliva, saturated two sheets, so that no part of them remained unsoiled. A hemorrhagic tendency was also manifested at this time by other mucous surfaces besides those of the mouth. From the close of the ninth day, the hemorrhage began to diminish, and entirely ceased on the night of the tenth; but the complexion was much blanched, and the mental condition was that of utter despair as to recovery. The rate of the pulse was steadily accelerated, the average for the seventh day being 98, for the eighth and ninth days 104, for the tenth day 115, and for the eleventh and twelfth days 120.

The tenth, eleventh and twelfth days were characterized by morbid nervous sensations, and mental vagaries. About noon of the thirteenth day, she was suddenly seized with vomiting, which continued throughout the day and the following night, nothing being retained by the stomach except a very little brandy; injections of beef-tea, brandy, and carbonate of ammonia were not retained; the sinking and prostration were excessive, and the bellows sound characteristic of anæmia was heard over the whole region of the aorta. At every movement of the body, distressing hiccough occurred, convulsing the whole frame, and lasting, on each occasion, about a minute. On the morning of the fourteenth day, a stimulating enema was followed by a discharge resembling coffee grounds, the mortal restlessness increased, the pulse became but the merest flutter, and was much of the time inappreciable, and its number could not be ascertained.

On that day, at the morning consultation, Drs. Kennedy and White declared their conviction that

the patient could not possibly survive for more than three or four hours. At this juncture Dr. B. said:—

"It is an old saying that 'drowning men catch at straws.' For the past twenty-four hours I have been in torture with the thought of such a straw, and I cannot refrain from naming it: I mean transfusion. These fatal symptoms being occasioned by the loss of the last few ounces of blood, I cannot persuade myself that it is not a serious duty to inject into her veins a few ounces of fresh, healthy, living blood, as nearly as possible identical with that which she has lost."

The suggestion was promptly embraced, as the only thing that could possibly save life, and Dr. B. fortunately possessing an instrument for the purpose, it was immediately carried into execution with the aid of Drs. C. C. Beard, D. W. Brickell, and L. Greenleaf. Dr. B. describes the operation as follows:—

"The apparatus was examined, its use described and illustrated, and every part of the process was fully explained and discussed. The task of preparing the vein was undertaken by Prof. C. C. Beard. An incision about two inches in length was made over the median vein in the left arm. A director was passed beneath the vessel, near the lower part of the incision, in order that it might be held under perfect control, and the loss of any blood from its distal extremity be prevented. An incision was then made into the vein, immediately beyond the director, to receive the beak of the syringe. It is due to Prof. Beard to say that nothing could exceed the skill and steadiness with which this operation was performed. The blood was obtained, by the assistance of Dr. Greenleaf, from the arm of a young gentleman who exhibits a remarkable example of perfect health, and who had experienced yellow fever during the epidemic of 1853.

"It was my purpose to use the apparatus myself; but as the moment approached, my near relationship to the patient, made me distrust my firmness, and I requested Prof. Brickell to take my place. He consented to do so, but substituted for the syringe belonging to the apparatus, one of simpler construction, into the beak of which he absorbed the blood as it flowed into the receiver of the transfuser. By inverting the syringe and pushing upward the piston, the last bubble of air was expelled. The beak was then introduced by Dr. White, into the orifice of the exposed vein of the patient, and Prof. Brickell, with consummate care, passed the blood into her arm, before it had time to cool, or even to repose for more than a few seconds. All the apparatus employed was immersed in warm water, or wrapped with heated cloths, so as to prevent any reduction of the temperature of the transfused blood. The operation was commenced at a few minutes before 1 o'clock, and was finished safely and satisfactorily, in all respects, a few minutes past that hour."

Dr. B. concludes the account as follows:—

"I will merely add to this statement that the pulse, which at half-past 12, under the influence of mental excitement, became once more appreciable, numbered 136, and immediately before the operation, 125; at its termination it was 120; and three hours later it remained the same, but had acquired more fullness and strength. The voice recovered its natural tone, the face acquired color, the extremities grew warm, all nausea and hiccough ceased, and ordinary drinks were perfectly retained. From the time mentioned, to the present hour, her recovery has been uninterrupted. Her health has long since ceased to be a subject of any anxiety.

It was not doubted at the time of the operation, that the quantity of blood injected was equal to three and a half ounces. It was afterwards ascertained by accurate measurement of the syringe, that its capacity was not quite equal to two and a half ounces. Small as the quantity was, it yet sufficed to turn the scale in her favor.

* * * "Were the true nature and the statistical results of the operation of transfusion generally known, its performance would be demanded in many cases which are now consigned to a remediless doom. There is no fear that it will ever come to be employed as one of the common remedies. It is applicable to no pathological condition save that which is commonly called 'collapse,' induced by hemorrhage, by certain exhausting discharges, or by utter inability to receive or retain nutriment; and the only transfusion now sanctioned, either by physiology or by common sense, is that of *human venous blood into human veins, identical, as nearly as possible, with that which has been lost, and with quantity just sufficient to arrest the tendency towards death.* Prior to the year 1853, the total number of recorded cases, practiced under these conditions and restrictions, amounted to twenty-one. Of these, but two died—or less than one case in ten!

"If I have any merit in this affair it is that I have been, for many years, the earnest advocate of transfusion, in those cases where alone it is proper; that I have labored to make it binding on the consciences of medical men to practice transfusion whenever it is justifiable; that I have approved my faith in it by submitting to it, as the first instance which I am apprised of in America, a person whose life is dear to me as my own; and that before it was attempted I seriously declared to those professional friends, heretofore named, my willingness to take upon myself all the odium that might attach to a failure. I feel that I can never sufficiently thank those gentlemen for what they did for me in this the bitterest trial of my life; and that they have thus laid upon me new obligations of fidelity to the principles of our noble profession."

We have reported this case at considerable length, because we regard it as of great importance in bringing to bear an essentially new and very powerful agent in the treatment of disease, and we cannot close without congratulating our friend, in view particularly of his relationship to the patient, on the glorious result attained.

At the last stated meeting of the Medical Board of the Charity Hospital, of this city, Dr. J. L. Ludlow was elected one of the physicians to the institution. Dr. L. occupies for his specialty, Fevers and General Diseases.

TRANSLATIONS FROM RECENT EUROPEAN JOURNALS.

By T. A. Demme, M. D.

Effects of the Preparations of Lead upon the Inferior Animals.—A M. Pécart-Taschereau, a litharge manufacturer, (*Deutche Klinik,*) has investigated with some care the effects of the preparations of lead upon the inferior animals. Strange as it may seem, he soon noticed that the *Dog* is never affected with symptoms of lead poisoning. He has seen this animal roll in litharge and white lead and afterwards lick itself clean, but no evil consequences ever attracted his attention.

The Cat, on the contrary, is soon killed. This animal dies in convulsions, not only in establishments where litharge and white lead are prepared, but even in those places where minute qantities of lead chance to be present, in the compositor's rooms, and where newly printed books have been stored. New ink, it is well known, always contains a certain quantity of this metal.

M. P-T. tried a very decisive experiment. He hung several cages, in each of which a cat was confined, in his factory, and in a short time, one after another, all died.

Mice—and the lead manufactories are infested by them—play in the litharge and white lead without any apparent evil consequences.

M. Rouart, white lead manufacturer in Clichy, remarks that *Rats*, which multiply most rapidly in his establishment, are very apt to suffer from paralysis of the lower extremities.

The Horse, exposed to the poisonous atmosphere of lead factories, appears to be liable to a paralysis of the muscles of the larynx. The recurrent laryngeal nerve, (which conveys the motory impulses to the muscles of the larynx,) appears unable to perform its proper functions, whilst the remainder of the pneumogastric nerve is totally unaffected.

The veterinary surgeon, Delanay, has performed in these cases, tracheotomy, with the result of preserving the valuable animal, notwithstanding the local paralysis.

Birds soon succumb to the poison.

It has been observed that *Sheep* and *Goats* that feed near lead factories frequently suffer from hæmaluria, and are also liable to miscarry.

It is also asserted that in such neighborhoods women are peculiarly apt to have premature labor.

Lead in Phthisis.—According to Brockmann, no workman in lead suffers from phthisis pulmonalis, even if there is hereditary predisposition and phthisical conformation of the chest.

Is this not an indication for the use of the preparations of lead in consumption of the lungs?

Saccharum saturni (plumbi acetas) has been used in pneumonia, and pituitous catarrh, with good effects, and in the last stages of phthisis pulmonalis, it has not seldom been given as the ultimum solanum.

The properties of the lead salts are precisely those that are indicated in these cases—antiphlogistic, astringent and sedative. In consequence of these properties, lead has been called the narcoticum metallicum.

Medical News.

The Mutter Museum.—We have neglected to notice the fact that Dr. Thomas D. Mütter, Emeritus Professor of Surgery in the Jefferson Medical College of this city, has perfected the liberal donation made by him to the College of Physicians of this city, before his departure for Ebrope, over two years ago. We prepare the following account from the *Medical News* of this city. Dr. Mütter conveys to the College his pathological collection, to serve as the basis of a museum, to be denominated "The Mütter Museum, founded by Thomas Dent Mütter, M. D., LL. D., A. D. 1858." This conveyance to be made "*as soon as the college shall have erected a building suitable for the reception of said collection.*" Dr. M. is to defray the expenses of maintaining the museum during the term of his natural life. Property, also, to the amount of $30,000, is deposited in trust for the maintenance of the museum, the payment of a curator, and the endowment of a lectureship on surgical pathology.

The College agrees to erect, within five years, a fire-proof building, containing an apartment of sufficient dimensions for the accommodation of said museum and its probable increase, to provide certain officers, and adopt certain regulations for the care and management of the museum and lectureship, disbursing the income of the trust estate for the following purposes, and no other:

1. For the salary of a curator, $300 per annum,
2. For the salary of a lecturer, $200 per annum,

And the remainder of the income to augmenting the museum and keeping it in order. The anatomical and pathological preparations and specimens, models, drawings, cuts, etc., are to be employed by the Mütter lecturers, and free access is to be had to them, under proper restrictions, by graduates and students of medicine, without charge or fee.

The lectures are to be given in the college building, and the lecturer is to hold his office for three years, give at least ten lectures in each annual course, and he cannot be elected for two three year terms in succession.

☞ The bill for increasing the number of surgeons in the navy has been laid on the table in the House of Representatives. It is to be hoped that it will be called up again at the next session, if not at this, and passed, as additional surgeons are very much needed in the Navy, and indeed in both branches of the public service.

Dr. John H. Griscom, of New York, has just obtained letters patent for an improved method of ventilating buildings. The new plan is to connect the heating and ventilating flues so that when the register of a room is closed, the heat will be turned into a ventilating flue, by which the air will be rarified and a draft created, so that the cooler air of any room will naturally rush into the ventilator whenever the valve is opened. The plan, we think, will work well in school houses or other public as well as private buildings, where hot air is used through the day, and where the heat is kept up and lost through the night. By shutting it off from the rooms and turning it into the ventilators at evening, the flues will be so warm the next morning that no difficulty will occur for want of draft and circulation of air up the ventilators when their action is most needed.

A Hybrid.—The *Cincinnati Eclectic Medical Journal* has commenced to issue itself under the title of the *Cincinnati Eclectic and Edinburgh Medical Journal*—actually re-printing the *Edinburgh Medical and Surgical Journal* in the same cover with the jargon called *Eclectic*—a very curious attempt at cross-breeding; but the asinine ears of the parent will still be conspicuous in the progeny.

It is the best modern illustration of the ancient fable of the ass in the lion's skin, whose *roar* continued to be only a *bray*.

A correspondent sends us a quack advertisement occupying a whole column, cut from the *Christian Advocate and Journal*, a prominent religious paper published in the city of New York. The *Banner and Advocate*, another religious paper published at Pittsburgh, we see allows itself to be made the vehicle for advertising and recommending quack medicines.

It is humiliating to see even the religious press of the country subsidised to the support of quackery. To say the least, such advertisements are *in very bad taste* in the columns of papers professedly devoted to the cause of religion.

American Medical Association.—The twelfth Annual Meeting of this Association will be held in Louisville, Kentucky, on Tuesday, May 3d, 1859. The secretaries of all societies, and other bodies entitled to representation in the Association, are requested to forward to the Secretary, S. M. Bemiss, at Louisville, correct lists of their delegations so soon as they may be appointed. The Convention of Teachers, invoked by a resolution of the National Association, for the purpose of a general conference upon the best means of elevating the standard of Medical Education in this country, will meet in the same city on Monday, the 2d of May.

Medical Journals throughout the United States are requested to insert the above.

S. M. BEMISS, M. D.,
Sec'y Am. Med. Assoc.

On the 3d inst., the Committee of the New York Senate to whom was referred the sanitary condition of the city of New York, made a lengthy and very valuable report, in which they discuss the causes of the very great rate of mortality in that city—greater, as they show, in proportion to its population, than other large cities of this country or Europe.

The causes of this high rate of mortality they attribute to defective dwellings, cellar residences, insufficient sewerage and drainage, and filthy streets. They show the incompetency of the present management of sanitary affairs, and recommend the organization of a Health Department, and the establishment of a *thoroughly organized Medical Police, at whose head should be an active and experienced medical man.* The mortality of New York for 1858 was 1 to every 29 of her population, while that of this city was 1 to 56—only about one half that of New York, and yet the sanitary condition of this city is susceptible of vast improvement.

At the annual meeting of the Scott county, Iowa, Medical Society, held in the city of Davenport on the 26th ult., Dr. T. J. Saunders, the retiring President, read a dissertation on "Medical Organization." The following officers were elected for the ensuing year.

President, Dr. Chas. C. Parry; Vice President, Dr. James Gamble; Secretary, Dr. A. H. Ames; Treasurer, Dr. J. J. Thompson; Censors, Drs. J. W. Carter, J. W. H. Baker, and T. J. Saunders. Dr. John T. O'Reardon was appointed Essayist for the meeting in April.

The Catalogue of the Jefferson Medical College, of this city, contains 570 names. The other colleges have not yet issued theirs, but we learn that the matriculating list of the Medical Department of the University is 410, of the Medical Department of

Pennsylvania College about 130, and of the Philadelphia College about 100.

We learn from the New York Medical Press that the schools of that city number as follows: N. Y. University, 350; College of Physicians, 180; New York Medical College, 107.

To CORRESPONDENTS.—We have several communications on hand which will appear soon.

Pamphlets Received.—The 20th Annual Report of the Board of Trustees and Officers of the Central Ohio Lunatic Asylum, to the Governor of the State. From Dr. Hills, Superintendent.

An Essay on the Climate and Fevers of the Southwestern, Southern Atlantic and Gulf States, by James C. Harris, M. D., of Wetumpka, Ala. Reprinted from recent numbers of the New Orleans Medical News and Hospital Gazette. From the Author.

Report on Spontaneous Umbilical Hemorrhage of the Newly-born. By S. Foster Jenkins, M. D., of Yonkers, N. Y. Extracted from the Transactions of the American Medical Association for 1858. From the Author.

Report on Moral Insanity, and its Relations to Medical Jurisprudence. By D. Meredith Reece, M. D., etc., etc., of New York. Extracted from the Transactions of the American Medical Association for 1858. From the Author.

☞ Our friends of the *Nashville Journal of Medicine*, call the REPORTER the "Proteus of Medical Journals." Well, have not our changes all been an evidence of *progress?* Did the Nashville Journal ever know the REPORTER to take a *backward step?* Our journal has long been acknowledged to be a type of its class, and it is our determination that it shall still be a representative journal. It is not yet all that we desire it to be. Changes are still in prospect, but they are, as heretofore, on the side of progress, and, judging from the encouragement we are receiving, there would seem to be no limit to such changes, as we doubt of there being such a thing as perfection in medical journalism.

In this connection we would say that we have made arrangements which will give us an early supply of European journals, from which we shall try and imbibe some nourishment weekly for our readers.

MARRIAGES.

KEYS—CATHCART.—On Thursday, Feb. 10th, by Rev. Samuel Cox, Roger Keys, M. D., to Miss Kate Olive Cathcart, both of this city.

HENRIQUES—COHEN.—In New York, Feb. 16th, by Rev. Dr. Raphall, Dr. A. J. Henriques, of New York city, to Miss Elizabeth Cohen.

DEATHS.

GOBLE.—At Newark, N. J., on Monday the 7th instant, Dr. Jabez G. Goble, æt. 60. He was a prominent citizen, and has filled many important positions of honor and trust in his city and State. At the time of his death he was Secretary of the New Jersey Colonization Society, for two years held a seat in the State Legislature, and many years since was Corresponding Secretary of the Medical Society of New Jersey. He was an able, energetic, warm-hearted man. He commenced his medical studies in the office of Dr. Wm. Pierson, of Orange, while that gentleman was associated with his father, Dr. Isaac Pierson, and completed them under Drs. David Horack and John W. Francis, of New York, graduating at the College of Physicians and Surgeons, of that city. The District Medical Society, for the county of Mercer, passed resolutions of respect and condolence, and voted to attend the funeral in a body.

JOHNSON.—In Richmond, Va., Thomas Johnson, M. D., Professor of Anatomy in the University of Virginia.

SCHUYLER.—At Greenville, Miss., Jan. 27th, Dr. Philip A. Schuyler, son of the late Col. Peter P. Schuyler.

SCHAFER & KORADI,

South-west Corner of Fourth and Wood Streets,

Have on hand—

Rokitansky,	Pathologische Anatomie, 3d ed., 1st vol.
Hyrle,	Anatomie des Menschen, 4th ed.
"	Topographische Anatomie 4th ed.
Bok,	Anatomischer Atlas.
"	" Taschenbush.
"	Diagnostik.
Hassall,	Mikroskop, Anatomie.
Canstatt,	Specielle Pathologie and Therapie.
Virchow,	Pathologie and Therapie.
Kiwisch,	Geburts Kunde.
Scanzoni,	Geburtshülfe.
Sobernheim,	Arznei mittel lehre.
Aschenbrenner,	Die neun Arznei mittel.
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They have every facility for prompt importation. 122

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Edenton, N. C. 122 Editor.

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 123. PHILADELPHIA, FEBRUARY 26, 1859. NEW SERIES, VOL. I. NO. 22.

Original Communications.

The Local Application of Carbonic Acid Gas.

By Theodore A. Demmé, M. D.

During the Spring of 1857, my attention was directed to the possibility of discovering some application that would relieve the pain of burns and scalds. Carbonic Acid Gas at once suggested itself to my mind as possibly, by its powerful sedative action, adapted to answer the indication.

In regard to the general effects of this gas upon the system, all agree. The deadly vapors in the brewer's vat, the lethean air of the sink, the fatal gas from burning charcoal, the pestiferous breath of crowded assemblies, and the choke damp of mines and caverns, offer conclusive evidences of the existence of a potent nervous sedative. But there is by no means unanimity of opinion as regards the *local* effects of this gas. The highest of authorities, in speaking on this subject says: "Carbonic acid is locally irritant. This is perceived on attempting to inspire the pure gas, when a strong irritant impression is felt in the throat and air passages, so strong indeed, that the glottis closes spasmodically, and refuses to admit it unless diluted. Applied to the skin for a short time, it produces a feeling of warmth and tingling, or pricking, sometimes positively painful."

This testimony almost induced me to relinquish the idea of using this gas as a local sedative, but after making a few experiments, I cannot but differ from the conclusion, that it is a local stimulant.

Upon immersing the arm in a jar of carbonic acid, generated by the action of hydrochloric acid upon a carbonate, a peculiar tingling or pricking sensation is felt. The idea occurred to me that possibly some of the hydrochloric acid gas might have been carried over into the jar with the gas that I was endeavoring to collect, and that this was the cause of the tingling sensation. Upon testing with solution of the nitrate of silver, the presence of the suspected gas was ascertained. The experiment was now repeated, with the precaution of using tartaric as the displacing acid. For a considerable length of time one hand could be immersed in the carbonic acid thus generated before any unusual sensation could be perceived (excepting the numbness, etc., that will be alluded to.)

Aware of the fact that the gas as it passed from the generating vessel, must carry over with it some water, which impinging upon the skin, would produce the same sensation as the spray from falling water, I allowed the pure carbonic acid to remain for some time in a vessel before using it, in order that the aqueous vapor might condense or gravitate to the bottom of the containing vessel.

Upon now immersing the arm, no effect was for several minutes perceptible, then a slight pricking could be felt or imagined, which soon however gave way to a sense of numbness in the hand. The skin assumed a dark reddish hue, whilst the veins became swollen. The skin of the hand and arm, after being immersed in the gas for about ten minutes, could be violently pinched without causing pain.

A powerful irritant was then applied to the arm, and allowed to remain until to all intents and purposes an extensive but superficial burn was produced. Upon allowing the carbonic acid gas to exert its local anodyne effect upon the part thus inflamed, my most

sanguine expectations were exceeded; for after five minutes the burning throbbing pain began to diminish, and in about ten minutes my hand was to me as a dead hand would be to its living possessor, as far as the cuticular surface was concerned.

To ascertain the depth to which this local anæsthesia extended, I exposed my hand for a considerable length of time to the gas, and then, with a sharp lancet, slowly penetrated the benumbed skin. The conclusion that I drew was, that the local anæsthetic effects of the gas extended into, but not beyond the cutis vera.

The action of the gas is rendered more prompt and powerful by first moistening the part that is to be subjected to its influence.

The above experiments are such as would suggest themselves to any mind; but they prove conclusively, that although carbonic acid by its mechanical impinging upon the surface may be slightly stimulant, yet, as a local application, it is a potent nervous sedative.

I am now dealing with facts, not arguments, otherwise I would explain the mechanically irritant effect of carbonic acid gas upon the epiglottis. Suffer me, however, to ask two questions—Is there any gas excepting the protoxide of nitrogen which has the same constituents as pure atmospheric air, that can be breathed in an *undiluted* state, that will not produce spasm of the glottis?

Does the spasm of the glottis, occasioned by touching the larynx with the finger, prove that the finger must be a local irritant to any and every part of the body?

I now introduced the use of carbonic acid gas into my practice. The results of my experience I now give, in the earnest hope that I may be the means of bringing this valuable anodyne into use in several most painful conditions and affections.

In Otitis.—The first application that I made with carbonic acid gas was in a case of otitis. The patient, a gentleman in my immediate neighborhood, came under my care for treatment for this often terribly painful affection. His only wish was that the agonizing pain might be allayed. After representing to him that I was about to try an experiment, I allowed a stream of carbonic acid gas to fall into the ear. I am not led astray by my wishes when *I affirm that in five minutes the pain had entirely subsided.*

In about half an hour the pain returned, when I inverted a jar of the anodyne over the ear, thus making a *gas poultice.* Not the slightest effect was exerted in the progress of the inflammation itself. After the gas had acted for a short time, the patient became dull and drowsy. I looked upon this as a signal not to be disregarded, to remove for a time the gas poultice.

In Otalgia.—In many cases in two minutes the pain entirely disappears; in other cases according to Dr. Osler, who at my request experimented with this gas, no relief was afforded.

As an introduction to my use of the gas in burns, most opportunely a man passing near my office ran against some angular object, producing that superficial excoriation or grazing of the skin, that is accompanied by a most burning and painful sensation. Treatment: in the presence of my friend, Dr. J. M. Boisnot, carbonic acid locally applied; result, entire relief.

Burns and Scalds.—During the last half year I have attended but two cases of burns, and in only one did I use the gas, but the relief afforded was so instantaneous and great that I cannot but give the strongest testimony in favor of the local anodyne. I applied it in a case of superficial burn of the hand, with the effect of allaying the pain in about five minutes. The gas was applied until a complete cure was accomplished.

In Ulcers.—On the same day that I applied this gas to an irritable ulcer, I chanced to read that Dr. Folin, of France, had recommended carbonic acid gas for this purpose.

The patient, a colored woman, was placed under my care by Dr. A. M. Slocum, for the express purpose of applying the gas. The ulcer was a true irritable ulcer of the leg, of two years' duration; it was so sensitive that the patient could not bear the pressure of a piece of dry linen upon it.

The gas was steadily applied for seven days. The resulting anæsthesia of the skin was so complete that the patient, an ignorant woman, told me that upon removing the limb from the box in which the gas was contained, *she was unable to walk without looking at her foot and the place where she wished to move it.* This peculiar result of the action of the gas proves that the sensibility of the skin was entirely abolished, and the consequence was the same as a paralysis of the skin. Cicatrization occurred with wonderful rapidity, and in three weeks the limb was entirely healed.

Dr. Osler, who accompanied me to the patient's residence, upon viewing the extent of the ulcer, remarked, that under the usual treatment such an extensive sore would be months in healing.

In Cauterization by the Nitrate of Silver.—Accidentally I found, what *à priori* might have been expected, that placing any part of the body, to which it may be necessary to apply the nitrate of silver, in the gas for about fifteen minutes, the application can be made without causing the patient the least pain. Subsequently to the use of the nitrate the part should again be placed under the influence of the gas.

In regard to any danger from the local application of this powerful narcotic, I can only say, that I have had a limb for 24 successive hours under its influence, without noticing the slightest effect upon the general system. I have always taken the precaution, it may be an unnecessary one, of not allowing the patient to assume a recumbent position whilst the gas is applied, and of always removing the gas during sleep.

In the case of the ulcer of the leg, I left directions that the patient should not be allowed to sleep during the first night of the application.

Before applying the gas the part should be moistened with water. It is my opinion that the gas, though much *diluted*, when steadily applied, produces as full effects as if pure.

In regard to the *apparatus for the application*, after trying many cumbersome and inconvenient contrivances, I find that the simpler the apparatus the better it answers the indication. For the ear, a bottle with a flexible tube is all that is necessary. For the arm, a deep glass jar suffices — the open extremity being closed by pasteboard so cut as merely to allow the arm to pass, the small openings being closed by putty, or tissue paper soaked in common flour paste. For the leg, I used a cylindrical pasteboard box, coated inside with several layers of shellac varnish.

It is advisable to renew the gas once in every hour, as the same air being constantly in contact with the body, becomes oppressively loaded with moisture. In renewing the application, it is grateful to the patient to sponge the part with cold water.

The gas should be generated by the action of tartaric acid upon the bicarbonate of soda.

[The above paper was read before the Northern Medical Association of the city of Philadelphia, near the close of last year, and permission granted, by a vote of the Society, to publish, with any additions that might be subsequently made.]

On Tuberculosis and its Treatment. No. 4.

By Geo. J. Ziegler, M. D.

Physician to the Home for Invalids with Diseases of the Chest Philadelphia.

a. Psychical Hygiene.—It is well known that the mind exerts a powerful influence over the body for both good and evil. Yet, notwithstanding this influence is so apparent as to be a matter of common observation, it does not seem to receive that practical application in the prevention and treatment of disease, which its importance deserves. A brief allusion, therefore, to some of these effects, with a view to a better appreciation of the subject in its practical relations, may not prove unprofitable.

The influence of the mind over the body may be either active or passive, beneficial or injurious. Thus, all other things being equal, when the psychical faculties are duly and equably exercised, they promote the healthy action of every part and of the whole organism. Hence cheerful emotions and healthful

mental labor quickens all the functions and promotes the general activity and energy of the whole economy. On the other hand, depressing emotions, and irregular or undue mental action, disturb the various processes of the economy, cause a great variety of derangements, complicate those which arise from other sources, and even destroy, more or less rapidly, life itself. Derangement and death may, however, result from intense mental action of any kind.

The power of the psychical over the physical functions of life, as well as over the mental processes, may be made very apparent by a more particular reference to the different organs and special functions of the economy. Thus, for instance, it is often manifested by an increase, diminution, irregularity, or total suspension of intellection, sensibility, innervation, and motor power, as is seen in the different forms and degrees of mental, nervous, and muscular activity, insanity, pain, anæsthesia, spasmodic action, paralysis, etc. It is also frequently exhibited in the processes of organic life, and sometimes strikingly so in the modifications of local and general secretion, cell action, nutrition, and depuration. In these aberrations the secretory fluid may not only be affected in quantity, but altered in quality, as for example in the toxical modification of the milk shown by the poisonous effects upon the nursing infant. Other secretions as of the mouth, stomach, liver, kidneys, skin, and other organs, are also variously modified in quantity and character. The general harmony and activity of the important processes of nutrition and depuration are thus either promoted or deranged, causing on the one hand, healthy development and activity; on the other, atrophy, emaciation, debility, and other abnormities.

Examples of the effects of the mind upon the body are also presented in the blush of shame, flush of excitement, pallor and syncope of fear, change in the color of the hair from intense emotion, and in the numerous cases of disease and death, which have been thus produced both accidentally and experimentally.

It is thus seen that the functions of the psychical, animal, and organic life may be favorably or unfavorably modified by mental influence. This influence is not only active in the promotion of health, and the production of disease, but also, in the removal of the latter as abundant evidence exists of its power of correcting abnormal and in restoring normal action.

Having thus premised some general observations on the power of the mind over the body, we shall now treat of it in its special relations to tuberculosis.

Mental influence is very powerful in the production of disease both of an acute and chronic character, and of a functional and organic nature. It frequently causes those modifications of the nutritive and other processes of the economy which give rise to the tuberculous affection. It is well known that excessive mental effort and the depressing emotions of grief, anxiety, etc., are among the potential causes of tuberculosis. This disease most frequently occurs at those periods of life in which the psychical faculties are most active and most severely tried. It is during that period of life, in which the mind and body are most actively exercised and overtaxed, that the tuberculous affection is most frequent and destructive. Independently, therefore, of the positive evidence on the subject, it is not unreasonable to infer that undue mental excitement and the depressing emotions have often much to do with the development and fatality of this disease.

It will hence be necessary in the treatment of this affection, to endeavor to remove all objectionable mental influences, and to bring into play all those agreeable emotions which are so useful in the promotion of healthy action. It will thus be seen that particular attention must be paid to the mind with a view to its favorable influence over the body. Every effort should therefore be made to regulate the mental labor, so as to afford healthful occupation and diversion to the mind, as judicious mental exercise, recreation and amusement, are beneficial, while undue mental labor, excitement, despondency, and dull monotony, are

injurious. Fortunately, persons afflicted with this disease are singularly hopeful of recovery, though perfectly conscious of their danger and its fatality. This hopefulness may, however, disappear as they improve, and be replaced by despondency, as was the case with myself.

A point of much importance in the treatment of tuberculosis is to prevent undue mental concentration upon the part most seriously affected, and the personal affliction, as the patient may thus unconsciously increase the intensity of the disease. The mind should therefore be kept occupied as much as possible by subjects foreign to the state of the health. Hence suitable occupation and diversion, and when the patient is able, frequent change of scene by travel will be useful. Persons afflicted with this disease should therefore be encouraged to keep their minds occupied as much as possible by everything of an agreeable and useful nature. Thus by a special and general diversion of the thoughts upon objects outside of, and foreign to self, much good may be accomplished in mitigating the disease, and in promoting the healthy and harmonious operations of the economy.

Mental as well as physical exertion should, however, be so regulated as not to deprive the brain and general system of the repose which is so essential to health. In fact the loss of this too often aids in the development of phthisis as well as in increasing its intensity and fatality. Hence sufficient sleep should be taken to satisfy the wants of the economy, and permit of those conservative and reparative changes necessary for the removal of the disease and the restoration of health.

Importance of Hygienic Treatment of Epilepsy.

By D. S. Gloninger, M. D.,
of Philadelphia.

Case.—Mr. B., aged 21 years, nervous temperament, countenance intellectual, eye large and restless, frame delicate, and habits of life sedentary.

Business at the time of attack confining, requiring much physical labor; at no time, as he expressed himself, "suited to his tastes."

Previous occupation *active*, keeping him *on the walk* day and night. Patient always had a fondness for intellectual employment, and possessed more than the average mental culture. We particularize *these minutiæ*, as on them turned the issue of our case, as the sequel will show.

Was called in April to see him in the second attack of epilepsy, the first having occurred six weeks prior, whilst attended by another physician. Found him recovering consciousness; could converse freely, with no recollection, however, of what had intervened between his attack and recovery. Considerable nervousness manifest; countetenance care-worn, non-expressive, bordering on idiotic vacancy; great inclination to languor, and occasional incoherency in replies. Had him removed to his residence, put to bed, all excitement excluded, room darkened, cold applications to the head, sinapisms to the feet, and fluid extract of valerian administered at stated intervals.

Seven successive convulsions occurred during the night and the following day. Pain in the head continued violent, adnata much congested and intolerant of light. To relieve this, cups were applied to the temples, but with little benefit, the violence of the spasms preventing their filling. A blister to the nape followed these, which was directed to be kept running. Each spasm exceeded the others in violence, but were palliated by cold water affusions.

The patient's pulse continuing frequent, and the tongue much furred and yellow in the centre, gave him minute doses of pilula hydrargyri, which were continued until this abnormal appearance ceased.

The fever having subsided, and the patient able to be at business, prescribed as a tonic:

℞. Zinci sulphatis gr. i.
Ext. nucis vomicæ gr. ¼. M.

To be taken three times a day.

The nux vomica was continued until symptoms characteristic of its action were well marked, and then substituted by asafœtida in one grain doses.

Sulphate of zinc has a tendency, when long

used, to produce gastric irritation, as it did in this case; so instead, gave the oxide in five-grain doses three times daily, and continued it throughout his illness, giving one or two comp. cathartic pills, according to torpidity of bowels or *headache*—the *pathognomonic* symptom precursory to an attack in his case.

Six weeks subsequently was again called in; my informant told me that this attack differed from the former ones; the spasms at this time were indistinct, abortive, lasting but a few seconds, and the patient *being conscious of his condition*, and of all that was done for him, but *unable to speak*. There had been the *headache, but no loss of consciousness*. Gave but little medicine, depending upon rest and quiet.

Since that time almost nine months have elapsed, and our patient has had no return of the affection. Saw him in the vacation, latter part of December, but he complains of none of the epileptic symptoms, has had no headache, and his countenance has resumed its natural appearance.

Throughout the entire case we relied mainly upon *hygienic* rather than medicinal treatment, deeming the change from an active to a sedentary life the exciting cause of the disease. With this view of his case we advised discontinuance of present occupation, and resort to a more active one; enforced *daily walks* and *frequent meals* to meet the wear and tear upon an enfeebled constitution. Should there be exhaustion of the physical powers, the strength to be supported with *porter*, or other *tonics*.

The cause of the disorder being removed, we thus had the gratification to see him recover, and we give the case publicity as it showed especially the necessity at all times for the physician, if he would be successful, never to neglect the "*why and wherefore*" in his cases. In many instances of epilepsy, *rational* medicine is essential. A system of *routine* may fix *indelibly* all the horrors of this disease, with its threatened idiocy, whilst a few *common sense principles*, well applied, may *forever* eradicate it. "To be forewarned is to be forearmed."

Beneficial Effects of Belladonna, in Preventing Mammary Abscess.

By Harvey Dunn, Jr., M. D.
of Perry, Illinois.

On Saturday, January 15, I was called to attend Mrs. C. in her confinement. She is of middle age, rather delicate, of strumous habit. The labor progressed in a satisfactory manner, and after its completion she requested me to examine her breast, which she feared would "rise." I found her right breast very much swollen, hard and painful. The skin was red, and shining from tension; the nipple, from a former abscess, was almost entirely destroyed, and its place occupied by an irregular cicatrix. There were other cicatrices in different parts of the breast. The axillary glands were swollen and painful.

I supposed that there was scarcely a hope of preventing suppuration of the gland, especially as I could discover no orifice for the escape of milk, should any be secreted. More as an experiment, than in expectation of any good result, I directed a solution of extract of belladonna (℥i to f℥j) to be applied to the areola, once in four hours, with a plaster of Conium, and a moderately tight bandage to the whole breast. On visiting her the next day, I was surprised to observe a marked diminution of the swelling and pain. The other breast was tense with milk, and the patient thought the gland affected was secreting it to some extent. The application was continued and five days afterwards, without the supervention of any unpleasant symptoms, I withdrew the remedies. Her breast was pale and flaccid, the axillary glands were in a normal condition, there was no milk discoverable in the gland or tubes. No auxilliary treatment was adopted, except that rendered necessary by a slight degree of irritative fever, and a partial stoppage of the lochia. (Tinct. verat. viride, ext. conii, and warm applications to the external parts of generation.)

The University of Wisconsin, located at Madison in that State, has provision in its charter for a Medical Department, though it will probably be sometime before a medical faculty is organized.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

Service of Dr. W. W. Gerhard.

WEDNESDAY, FEBRUARY 16.

Typhoid Fever.—This man was taken sick about 10 days ago; at first he had a slight cough, and diarrhœa. His pulse at present is 120—the abdomen is tympanitic, and here and there are the characteristic rose colored spots.

This is an evident case of typhoid fever.

Treatment.—I hope that not one that hears the clinical lectures given in this Hospital, will be unprepared to meet this disease: do not, if you value the safety of your patient rush into practice with the idea that in typhoid fever, you must deplete, or must stimulate.

At the onset of the disease be on the alert to *do nothing* in the way of medication; attend however to the comfort of the patient, his diet and nursing.

As regards medicines, the most invaluable one at this stage of the disease, is the Spiritus Mindereri —invaluable, because it can do no harm, it has scarcely any effect—whilst the patient is afforded the great solace that he is taking some medicine.

But be ever watchful of your patient; at any moment complications requiring the greatest address and skill may arise.

This man was at first placed on the use of the Spiritus Mindereri; yesterday symptoms requiring other treatment were presented: he became very dull, stupid and heavy, there was evidently a tendency to congestion of the brain: we applied dry cups to the back of the neck, and mustard foot bath and poultice to the lower extremities, whilst cloths wet with cold water were applied to his head Under this simple plan of treatment he improved. At present his pulse and general appearance indicate great prostration, and we consequently allow a somewhat stimulating diet, giving him particularly beef tea.

Dry cups applied in these cases often exert a powerful influence. I cannot but think that they act as revulsives to the nervous system.

Functional Disease of the Heart.—A young girl illustrating this form of heart disease was presented to the class. Her face was very pale and anæmic, her lips almost colorless: during 7 months she served in a family as a child's nurse, when she was obliged to give up her situation in consequence of oft recurring and violent palpitation of the heart. When she entered the Hospital there was detected a loud bellows sound of the heart, which has at present almost entirely subsided.

In organic disease of the heart this bellows sound is never so nearly abolished as in the present case.

Her general appearance indicates the cause of this functional derangement of the heart—anæmia.

Treatment.—Quinine and iron, good diet, and rest.

℞. Pil. ferri carb.
Quin. sulphat. āā gr. ij. M.
Ft. pil. No. xx.

S. One, two or three times a day.

Post Mortem.—This specimen was taken from a patient who entered the hospital almost moribund. From the history of the case furnished to us, we learn that the patient was a young woman of about 32 years of age.

Last summer she was attacked with remittent fever, which continued a long time unchecked, utterly exhausting her vital powers.

I now present you the post mortem appearances of a patient who died in consequence of remittent fever.

The Liver.—Hypertrophied, more pallid than usual and evidently fatty. This condition of the liver frequently occurs in pthisis; a not unsimilar appearance is generally presented in those who have indulged in the use of spirituous liquors.

The *Spleen* is enlarged to twice its usual size; it is also more firm than in the normal state, the consequence of its being congested. This condition of the spleen is usually found in remittent fever.

The *Lungs.*—One lung is healthy, the other is one-fourth its normal size. This is the result of the pressure of a large quantity of liquid effusion found in one of the pleural cavities.

SATURDAY, FEB. 19.

Service of Dr. W. W. Gerhard.

Bright's Disease of the Kidney.—In this patient, an elderly man, we have presented dropsy of the limbs and of the abdomen. Dropsy is but a symptom, not a disease; we therefore examine the condition of the various organs of the body to ascertain if there be organic change, and where it exists.

The condition of the heart and liver was then investigated. There is evidence of organic disease in both.

To learn the condition of the kidneys we ascertain the character of the urine. We find the sp. gr. of the urine to be 1005; heat and nitric acid reveal the presence of a large amount of albumen, and the microscope shows the blood and pus corpuscles, with casts of the tubuli uriniferi.

Diagnosis.—Bright's disease of the kidneys.

Treatment.—Cups over the kidneys, vapor bath and diuretics, potass. bitart. in juniper berry tea.

We shall also allow good nourishment and wine whey.

[May it be allowed to us in this connection to call the attention of the profession to the use of Wahoo, the *euonymus atropurpureus*, as a most valuable hydrogogue and diuretic. We have had several cases under our care, in which after all diuretics and hydrogogues had failed, the Wahoo in a short time removed the dropsical effusion. In one case only did it fail to act. This was a case of dropsy consequent upon mitral disease, in which we gave as much as ℥iv. of the Wahoo in a day, without the slightest effect.

We use either the infusion ℥j. to Oj. of water, giving a wineglassful every three hours, or the fluid extract prepared by F. L. Johns, apothecary, of this city, giving f ℥ss. every four hours. T. A. D.]

Chorea.—I present to the class this little girl, laboring under Chorea, or St. Vitus' Dance.

We here have irregular spasmodic movements, unaccompanied by any organic change. I have only once attended a post mortem examination of a case of death from Chorea. This was in the children's hospital in Paris, where a little sufferer was actually worn out by the incessant spasmodic movements, there not being a trace of any organic change.

Our patient here has had the disease for about two weeks. As a general rule, at least five or six weeks elapse before a cure can be effected.

This disease is often hereditary. It is quite uncommon in adults.

Diagnosis.—The diseases for which there is any chance of mistaking it are organic diseases of the brain, and hysteria. A proper attention to the respective symptoms will always insure a correct diagnosis.

Treatment.—Attend to the bowels and give tonics: quinia and iron are good—also give, what may be called a nervine, cimicifuga, the fluid extract, of which a fluid drachm may be given three times a day. This is a very eligible preparation.

Wednesday, February 16.

Service of Dr. Peace.

Wound of the Carotid.—This man has been sent to the hospital by his attending physician in order that his condition might be carefully examined.

Sometime ago he received a cut in the neck; a most profuse hæmorrhage occurred, in consequence of which he became pulseless, no respiration could be detected, and it was supposed that he was dead.

After a time he rallied, his physician using stimulants most freely; there was a large and firm clot of blood in the wound; this was most wisely allowed to remain, the edges of the wound being merely brought together by means of adhesive strips. After a short time paralysis of the left leg and arm was noticed.

On pressing on the carotid artery below the wound, pulsation is detected, above the wound however, there is no pulsation.

This really seems as if the carotid artery had been opened, and the wound afterwards closed by the clot of blood, which served to arrest the loss of blood until adhesive inflammation had closed up the vessel.

[What is the cause of the paralysis? Most assuredly not the cutting of any nerve in the neck; for it would be impossible, as long as the spinal marrow is intact, to produce paralysis of the extremities by the severing of any nerve in the *neck.* One of two things must have caused the paralysis, either the great loss of blood (not very probable,) or softening of the brain consequent upon a complete arrest of the flow of blood through one of the carotids.

It is well known that the ligating of the carotid is not seldom the cause of softening of the brain.—T. A. D.]

The Tiger Case.—We are glad to report that Dr. Peace regards the poor girl, who was so horribly mangled by a tiger, as in a fair way to recovery.

Coxalgia.—A little girl laboring under this disease was presented to the class. Lameness is an early symptom of hip disease, and if its importance is recognized at once, we may expect to accomplish a perfect cure.

If a patient is brought to you in this stage, you can detect the disease by pressing upon the trochanter, or by giving a sharp quick blow upon the heel whilst the limb is extended; by so doing you will give rise to more or less pain in the hip-joint.

In this stage of the disease the patient may complain of pain, and in at least one half the cases will refer this pain to the knee-joint. This is owing to the obturator nerve, which, after distributing several branches to the femoro-acetabular joint, sends a long branch to the knee. The irritation which occurs in the course of this, or any nerve, is referred to the ultimate ramifications. After a time the joint becomes more sensitive, and in the erect position the weight of the body is thrown upon the other limb by the poor sufferer. In consequence of the resulting obliquity of the pelvis, the affected limb appears lengthened. At first the foot is turned outward: this is the consequence of the rotator muscles being irritated and contracting spasmodically. In the progress of the disease, however, the adductor muscles become involved, and then the foot is turned inward.

The disease generally commences at *the head of the thigh bone.* This is a disputed point, some

affirming that the acetabulum is primarily affected. I have, however, made two post mortem examinations, in both of which the caput femoris was involved, whilst the acetabulum was free from any disease.

In the progress of the disease large abscesses are apt to form in and around the joint; it is a mooted question whether such abscesses should be early opened or not. My experience leads me to believe that when pus has collected, and by its bulk is irritating the parts in the vicinity, that great relief is afforded by evacuating the matter, and thereby removing the tension and pressure.

Treatment.—The grand indication in the treatment of coxalgia is rest to the affected limb. This must be accomplished by placing the limb in a splint.

Fresh air, good diet, iron and quinia should be freely given.

A cure should not be expected under from six to twelve months.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

Saturday, Feb. 12.

Service of Dr. Henry H. Smith.

Anchylosis of the Metatarso-Phalangeal Articulation of the Great Toe.—A young woman complained of *lameness.* Examination showed that the trouble lay chiefly in the ball of the great toe. Several months previously, the patient had received a blow upon the foot, which had been followed by redness and swelling of this joint. These symptoms gradually subsided, but the joint had been stiff and the patient lame ever since.

Dr. Agnew, who presented the case to the class, said that the essential nature of the complaint was *false anchylosis*, the result of an inflammation in the metatarso-phalangeal articulation.

Bands of organized lymph had been formed between the articular surfaces, and were the cause of the immobility of the joint. These adhesions might, however, be broken up by a judicious degree of violence, and the motion of the joint restored. This was accordingly done, and regular passive motion directed, to prevent the adhesions from forming again.

Cancer of the Breast.—A patient laboring under scirrhous cancer of the breast, was next exhibited. For the details of this case we refer to the clinical report of Wednesday, Feb. 16.

After-Treatment of Operations.—Dr. Smith then brought forward the little boy operated upon fourteen days since for stone, who was now able to walk home; the boy, upon whose cheek a plastic operation had been performed, also cured; and the negro girl; and an old Irish woman whose breasts had been excised, were progressing favorably. *The dressing*, and general plan of the after-treatment in each case was explained.

Wednesday, Feb. 16.

Service of Dr. Henry H. Smith.

Polypus in the Ear.—A little girl, about fourteen years of age, had for some time labored under otorrhœa. On washing out the ear for examination, it was found that the discharge was due to a polypoid growth, which blocked up the meatus.

The treatment directed was cleanliness, and the application to the surface of the growth, with a camel's hair pencil, of a solution of chromic acid. If this fails to destroy the polypus it will be ligated.

Hare Lip on the Right Side.—An infant, twelve days old, laboring under hare lip, was brought before the class. This case was worthy of note, as being an exception to the general rule mentioned in connection with previous cases, that hare lip usually occurs on the left side. There was no fissure of the palate. The case would be operated upon on the next clinical day.

Cataract Operation.—A patient laboring under a well marked cataract of the left eye, was brought forward to be operated upon. From its appearance Dr. Smith expressed the opinion that it was a soft cataract with a hard central nucleus. The operation performed was that of absorption, and consisted in passing a cataract needle through the sclerotic coat, a few lines posteriorly to its junction with the cornea, and carrying it cautiously between the iris and the lens, taking care not to wound the former, until the point of the needle was seen through the pupil. The needle was then manipulated so as to break up the lens and submit it to the solvent action of the aqueous humor.

Hydrocele.—Paliative Operation.—A middle-aged man labored under the condition known as hydrocele, a disease consisting essentially in an accumulation of fluid in the tunica vaginalis testis. This affection it was stated, might arise from the same causes as serous effusions elsewhere, and perhaps most frequently from an inflammation in the tunica vaginalis, more or less chronic in its character, and evidenced by a change of texture in the diseased membrane, which often acquired remarkable thickness. The *diagnosis* of this affection from others producing a scrotal tumor, is of great importance. The translucency of hydrocele as recognised by transmititng the rays of a candle in a darkened room was a valuable test, and ought never to be neglected prior to the operation.

The *fluid* contained in the tunica vaginalis, was generally a straw colored serum, rich in albumen, but sometimes stained with blood, occasionally indeed to such a degree as to render the tumor opaque, and thus to interfere with the diagnosis.

Various operations had been recommended for the radical cure of hydrocele, such as the injection of irritating liquids into the sac, with the view of developing adhesive inflammation; the excision of a portion of the sac, etc., etc. In the present case the circumstances of the patient, not admitting of such a loss of time as any of the operations for the radical cure would require, he would only be operated upon paliatively, the operation consisting simply in the evacuation of the fluid with a trocar and canula. About a pint of straw colored serum was thus obtained.

Excision of the Mammary Gland.—A middle aged Irish woman presented a carcinomatous tumor in the left breast. The diseased growth formed a tumor about twice the size of the opposite breast. The nipple was retracted, the skin livid and nodulated over the prominent parts of the tumor, and several deep ulcers had formed in the skin.

The patient related, that about a year previously she had first noticed a small hard nodule in the mammary gland, which gradually increased in size until the present time. It first ulcerated about two months ago.

During the whole of this time the patient had suffered great pain in the diseased breast.

There was no enlargement of the axillary lymphatic glands, and the morbid mass was not adherent to the pectoral muscle.

Dr. Smith remarked that the skin was so extensively diseased, that if the whole of the unhealthy parts were removed, the edges of the wound would probably fail to meet, and it would be necessary to allow it to heal by granulation. This, however, was far better than to permit any of the unhealthy tissues to remain. Indeed, some of the French surgeons preferred to operate in the same manner in *all* cases, regarding the suppuration as beneficial. Although not going so far as this, he yet had no objection to operating in cases such as this, where the gaping of the wound was a matter of necessity

The patient being now brought into the room in a state of anæsthesia, the breast was removed in the same manner as in the cases formerly described in connection with the clinical service of the University. As anticipated, the wound could not be completely closed; it was however approximated by adhesive strips, as nearly as possible, and dressed with dry lint.

The patient has progressed thus far without a bad symptom.

HOSPITAL OF THE JEFFERSON MEDICAL COLLEGE.

Service of Dr. Dunglison.

WEDNESDAY, FEB. 16.

Chorea.—Ellen McC., aged 11, had suffered for some time from Chorea, or St. Vitus's Dance. The pathology of this affection, as of the other neuroses, is obscure. According to some, the disease is seated in the brain and spinal marrow, and when long continued, it really implicates the cerebro-spinal system. It is usually placed in the very centre of the reflex system, but is rather perhaps dependent upon a badly regulated volition. Involuntary motion of voluntary muscles exists, but without proper coordination, and regulation of the movements. When these affections become protracted, they may terminate in permanent impairment of the mental powers. By making a new impression on the lining membrane of the intestinal canal, and by the continued use of tonics, cases of chorea, if in their incipiency, may very often be removed. The indication is to produce revulsion upon the nervous system, that may derive from morbid action going on elsewhere. Chalybeates, of which a convenient form is the subcarbonate of iron, should be given twice a day, and occasional purgatives, to act briskly on the alimentary canal. For the latter purpose, fifteen grains of the compound powder of jalap, (*Pulvis Jalapæ Compositus U. S. P.*,) may be given twice a week. Animal food must also be taken.

Numbness of the Fingers—Cerebral Disease.—Sarah R., aged about 35, has numbness of the fingers, and frequent attacks of headache. The numbness preceded the birth of her last child. The fingers always feel asleep, with a tingling sensation as if pins were sticking in them. This condition is symptomatic of a tendency to cerebral disease, and may be a consequence of hyperæmia of the vessels of the brain—altered nutrition of the organ. It is an example of subjective sensation belonging to the sense of touch. Cerebral hemorrhage may take place as the result of hyperæmia. Some form of counter-irritation is necessary, such as the application of cups to the nape of the neck, pustulation with croton oil, etc. Excitement of all kinds must be avoided. She has never been intemperate in the use of alchoholic liquors. The true pathology here is obscure; must therefore be careful in the treatment. The feet are cold, and applications should be made to them, such as cayenne pepper sprinkled in the woolen socks. By thus stimulating the feet, and the use of the other revellents, we may derive from the encephalic disorder. To the back of the neck apply equal parts of the oleum olivæ and oleum tiglii, so as to produce pustules. Attend to the bowels, and to hygienic

rules. Do not deplete, for no activity of circulation exists to justify it.

Squamous Eruption on the Legs.—Anthony T., aged 51, has had for three months a scaly eruption on the legs, looking, at a first view, like ichthyosis or some other of the forms of squamous cutaneous affections. The ordinary forms of psoriasis however are dry and crack. No vesicle or pustule exists, and nothing to induce us to diagnosticate the case to belong to either vesicular or pustular eruptions. Ichtyosis, or fish skin, exhibits a modification of the cuticle. It may be regarded as a form of pityriasis. Glycerine, dissolved in water, one part of the former to eight of the latter should be applied over the legs, the parts having been well washed with castile soap and water previously. The treatment must be soothing, not stimulating. The object is to keep the surface moist, so that the cells of nutrition may assume a new action. He has been using Donovan's solution, liquor arsenici et hydrargyri iodidi, and he is directed to continue it. The external use of glycerine, made into a form of ointment, with powdered starch, has been recommended lately, but in this case the solution is preferred.

SATURDAY, FEB. 19.

Parasitic Cutaneous Affections.—Two cases of trichosis in one family—a mother and child—afforded an opportunity for extended remarks on this class of cutaneous disease, and their mode of propagation and cure. It will be remembered that at preceding clinics, observations were made in relation to the communication of folliculous and other affections by means of fungiform productions. (See page 277.) The mode of propagation seems to be by a sort of inoculation; but it has been an interesting point to determine whether the parasites are the cause of the cutaneous affection, or whether in the development of the disease, a soil is furnished favorable to the growth of the spores of the fungi. The idea of spontaneous generation is out of the question, and it is probable that the parasite is rather a sequence of the disease than the exciting cause. The various forms of tinea *teigne* of the French, and some of the plans of treatment suggested for their relief, were then mentioned. The barbarous custom formerly employed, of shaving the head, and then applying a pitch plaster, which, when torn forcibly from the surface, detached the roots of the hairs, was referred to. Attention was directed to a recent work (1858) "on parasitic cutaneous affections," by M. Bazin, physician to the Hôpital St. Louis, the great institution for cutaneous diseases in Paris. In every form of tinea they practice epilation by the pincers, and then apply the *Huile de Cade*—oil of cade—a liquid tar, derived from the combustion of the wood of the pemperus oxycederus, and resembling oil of turpentine, which is often substituted for it. The oil of cade—*oleum cadeium*—is well rubbed on to deaden the parts by its stimulating action, and the hairs are then removed without so much pain. By these means we can get more readily at the hair follicles, and produce a decided impression on the disease. Those who believe that parasitic growths are the cause of the disease, consider that we can, by destroying the parasite in that way, annihilate at once the cutaneous affection. But the benefit may result from the new action induced in the morbid cells of nutrition, which are readily reached by the application.

In connection with the consideration of cutaneous affections, which are of parasitic origin, or associated with the development of parasitic growths, an inquiry into the mode of causation of scabies naturally suggests itself. This is a disease, partaking of the characteristics both of the vesicular and pustular varieties, and is connected with the presence of an insect of the genus Acarus — the Acarus or Sarcoptea Scabiei. Has the psoric affection its origin in the insect, or has the insect its origin and development in the nidus furnished by the peculiar morbid condition of the cutaneous surface? Under either view the object of the practitioner will be to destroy the parasites, and induce a new action in the cells of nutrition of the parts. The old plan of curing itch was to rub the surface thoroughly with some simple or compound preparation of sulphur before a fire, morning and evening, for a quarter of an hour or more, for a week. But this prolonged plan is not necessary. M. Bazin cures itch in two or three days by the employment of the *Pommade de Helmerich* — Helmerich's alcaline sulphurated itch ointment, which contains sulphur two parts, and carbonate of potassa one part, rubbed up with lard eight parts. M. Hardy uses only a single rubbing with the *pommade*. In all cases the clothes have to be well washed and fumigated. These cases are sometimes, under such a treatment, cured in a few hours, where the plan is steadily persevered in, and a reapplication is made after bathing, etc. Indeed, it is generally possible in a day, by the use of some good ointment, as the unguentum sulphuris compositum of the Pharmacopœia of the United States, to cure the itch.

It has been deemed advisable to enter thus fully into the consideration of cutaneous affections associated with parasitic formations, as we have cases of such a nature constantly presenting themselves in the college clinic, and everywhere, and to make the student acquainted with the latest results of treatment as adopted in the great cutaneous hospital of Paris, the Hôpital St. Louis. The two cases which have given rise to these remarks, were directed to apply to the surface an ointment made as follows:

℞. Olei terebinthinæ p. ij.
Unguent. cetacei p. vj. M.

We treat them as purely local affections, requiring no constitutional remedies. The head must be well shaved, however, before any course is commenced, and then we can positively diagnosticate under which of the folliculous cutaneous affections these two cases may be ranged.

Neuropathia.—Cornelius H., a German boy, aged 15, has had a swelling of the neck, both externally and internally, but both have passed away by resolution. He suffered from palpitation and pain in the left side. His eyesight is weak, a little mistiness or darkness being constantly before his eyes. Small print appears to him to be in a confused mass, while he can see large type very distinctly. He can read with greater facility when the book is held at a distance, than when it is brought near his eyes. The distance at which he can read objects is not varied by the employment of long-sighted spectacles, a curious condition of the eye, connected with presbyopic vision, that will require more careful examination. Presbyopia, although sometimes seen in young persons, is not common, being, as its name imports, more frequently met with in the old. The condition of the eye, as well as of the heart, depend upon some neuropathic condition, and tonics, such as the subcarbonate of iron, may prove beneficial. Let him be put upon the use of that article until he presents himself again at the clinic. Inquiries should be made into his habits, whether he has suffered from spermatorrhœa, etc. A good opportunity is afforded here for the use of the ophthalmoscope as a means of diagnosis.

Service of Dr. Pancoast.

WEDNESDAY, FEB. 16.

Congenital Cataract.—A child, ten months of age, was brought in, which had been operated on for cataract, the lens being removed, leaving opaque portions of the capsule, which it is now proposed to remove. To effect this object, a delicate needle must be introduced through the cornea, and passed in just below the border of the pupil, so that vision may not be interfered with if an opaque spot be left after the operation. This mode of operating is preferable on that account to making the incision through the centre of the cornea. The hardened capsule must be broken up with the cutting edge of the needle. The cataract of children is usually of the soft variety. If the operator does not touch the iris with his instrument, no troublesome consequences are likely to ensue from too great reaction.

The operation of keratonyxis was performed on both eyes, the child being under the influence of an anæsthetic.

Mucocele.—A small child presented an illustration of destruction of the ducts of some of the compound follicles of the lip, a tumor being the result. This was removed by a delicate scalpel. Cauterization after the operation is sometimes practised, but it leaves behind an ugly wound. At the bottom of the cavity we find sometimes enlarged labial glands, which also require to be removed. It is not necessary to remove a piece of the lip.

Ankylosis—Two Cases.—Two cases of ankylosis were presented, one of the elbow, the other the knee-joint. When the elbow is affected, and it is impossible for the proper motion of the joint to be restored, and the part must remain stiff in spite of the efforts of the surgeon, the arm should be placed in a flexed position, so as to be useful for ordinary purposes. In two cases of bony ankylosis of the knee under the charge of Dr. P., an opportunity was afforded, by accidental fracture after ankylosis, to produce gradual flexion of the soft callus, and thus straighten the limb. If accidental fracture is of such advantage to the surgeon as a means of modifying the position of the limb, why might not the surgeon produce by artificial means the same result? A few gimlet holes in the bone, as in the operation for introducing ivory pegs, according to the method of Dieffenbach, would so weaken the structure that fracture might be readily made. If the ankylosis at the knee-joint is bony, we might adopt the plan of Barton, and saw out a wedge-shaped piece of bone, so as to straighten the part. But this operation is hazardous, and is not often practised.

After these general introductory remarks, the cases were shown. In the one in which the elbow was ankylosed, neither pronation nor supination were practicable. The arm could be brought up by force into a rectangular position, and gradually even up to the shoulder. Pronation and supination became much more easy, under the active motion of the joint practised by the operator. The arm must be put in a splint, and a local antiphlogistic application of lead water and laudanum be applied over the arm. The diet must be low, and attention paid to his bowels, etc.

In the second case—ankylosis of the knee-joint—it will be necessary to divide the fascia, which is tightly stretched over the parts, and perhaps the hamstring tendons. In this case, as in nearly all chronic affections of the knee-joint, the fascia lata feels like a tense band beneath the skin. In dividing the hamstring tendons, great care must be taken not to implicate the important nerves that go down in this vicinity. A blunt-pointed knife is therefore preferable in performing the operation. Ankylosis in this instance is of four years duration. The object is to save the necessity of amputating the limb.

The fascia lata, and the hamstring tendons, as well as the second head of the biceps flexor cruris, were divided, and an apparatus, devised by the lecturer for this class of cases, was applied under the limb. The apparatus has the advantage of not letting the head of the tibia slip back, and become subluxated, as sometimes happens after operations of this kind. The case will again be presented to the class.

Medical Societies.

NORTHERN MEDICAL ASSOCIATION OF PHILADELPHIA.

FRIDAY EVENING, Nov. 12, 1858.

Dr. Mayburry, presiding.

Subject for Discussion—MERCURIALS.

DR. CURTIS opened the debate by remarking that this class of remedies was followed by both good and bad effects. They had been employed by physicians for many years, and at one time it was the fashion to give mercury in some form for every disease. They were good servants, but very bad masters. He thought the profession knew more about them now than formerly, as then salivation was thought necessary in order to produce any beneficial results; but at present, we rarely went beyond touching the gums. He also entertained the belief that there must have been a change in the temperament of individuals, in this respect, similar to that in regard to blood-letting, as at present mercury did not seem so necessary, or did not appear to produce the same good effects as were claimed in former times.

It may be that mercurials were then given to too great an extent, as few cathartics were compounded without the addition of this remedy; and especially was this the case among country practitioners. Even physicians, in prescribing for their own ailments, almost invariably used blue mass.

At the present time the belief is general that many diseases may be entirely removed without the employment of the mercurials. The maxim, in fact, seems now to be, "do without them, if possible." Dr. C. had never seen sloughing as a result of salivation, although he had seen some very severe cases of ptyalism. As a cathartic, mercury was no doubt excellent, and especially indicated for its action upon the liver, when this organ was congested. But, in many instances, this organ is already actively employed in throwing out bile, and if we have recourse to mercury, an injurious stimulation of it is produced. Dr. C. mentioned his own case: He had suffered for some years with rheumatism, and especially was he troubled in warm weather. His tongue being furred, and the other symptoms seeming to indicate its use, he employed mercury, but this only caused a greater trouble by the increased action of the liver. He then found, that by taking a mild purgative, he was relieved far better than by the murcury. The same observations he had made in his practice.

DR. BUTLER remarked upon the prejudices of the people against the use of mercurials, influenced as they are by designing quacks, and he considered that the medical attendant was too often governed by the patient in their employment, or at least, very seriously embarrassed. He dwelt at some length upon the history of these remedies, referring particularly to their empirical employment by Paracelsus and others of his time.

The mercurials occupy an important position in the materia medica, and in some cases, are the best remedies we can employ. He had used them freely, with very beneficial results. He had tried various substitutes, and, in cases ordinarily termed "bilious," where the liver required frequent, but mild stimulation, he preferred some other remedy, if possible. Thus he had employed the dried sulphate of manganese, with much success; it produced copious bilious evacuations, but an objection to its use was the sickness of the stomach which almost always followed it; as large quantities of bile were thrown out by its action, he had no doubt but that this produced the intense nausea. *Taraxacum* he had used with some satisfaction, but an objection to it was the very large doses required, and it is very difficult to procure this article in good condition. He had used other articles, as cholagogues, but found it generally necessary to return to the mercurials, which, in spite of all the prejudice against them, constituted our most reliable cholagogues.

In some instances, the preparations of mercury, like many other of our medicinal substances, were not reliable on account of adulterations. He had heard of calomel being given in indefinite doses. In the West people sometimes take it without any regard whatever to weight. This may often be done with impunity, from the fact of the drug being so much adulterated for those markets. It seemed, in many cases, to be almost inert.

DR. OSLER believed our views of this remedy were susceptible of much improvement, and in this discussion we must take into consideration the many valuable facts which have recently come to light concerning it. Many good results were produced by its employment, but, as it was used empirically, many accidents, of course, occurred. He considered it to be one of the most potent remedial agents in the whole catalogue of the materia medica. He had been struck by the remark of a very high authority,

that the injurious effects of mercury were much overrated, and he did not believe many of the statements of such cases; he had never seen much mischief resulting from the employment of these agents. Still, though we may not kill by the use of mercury, yet it is possible to lay the foundation for chronic diseases. Particularly in persons of scrofulous diathesis, is it a rank poison, cases of which he had observed to sink rapidly under its use. In suppurative inflammation, he was confident it had produced considerable injury, and a rapidly fatal result, although in but few doses, and of a small size. Such facts as these were sufficient to justify the popular prejudice against this class of remedies. *Salivation* is one great objection to them, and it is a desideratum to prevent this result. He thought he had succeeded in discovering a means of protection. For several years, he had been in the habit of combining with the mercurials, this agent, that is, with all compounds of mercury except the black sulphuret, as we cannot salivate with that preparation. This agent was *sulphur*, and was a sovereign remedy against salivation. To be sure, the proof was of a negative character to a great extent, and hence arose a difficulty, as we might give the combination for some time without producing any effect, and yet be liable to have such a result, in some case, unexpectedly. He had tested it severely, and had never seen ptyalism result under its employment.

He mentioned a case of a patient with torpid liver, to whom he gave murcury with sulphur for some time, and then discontinued this treatment. A consultation afterwards being held, and as the consulting physician did not think he had pushed the mercury far enough, he gave calomel in minute doses, and in three days the patient was horribly salivated, though he had taken but one-sixth of a grain every six hours. He considered this a proof that his views were correct. In other cases, where great susceptibility to the effects of mercury was known to exist, he had given the combination of sulphur and mercury fearlessly, and yet ptyalism had not been produced. A very common idea in the profession, and one which he considered erroneous, was that the black sulphuret was inert, because it did not salivate. He was satisfied that the reverse was true, and that it was the most valuable from this very quality. In dysentery, it was second to no remedy, and in typhoid fever, he had employed it with great success. Last summer he commenced the use of the *bichloride* in the summer complaint of children, and was much gratified with the results. He had used calomel in these cases, and still had recourse to it; but in obstinate cases, where calomel seemed to have no control, he had succeeded quickly with the bichloride, in very minute doses. He did not consider mercury as applicable to all cases of *hepatic* disease; thus *acute* hepatitis seemed aggravated by its action. He rarely gave mercury to clean the tongue; he found greater benefit from some sedative; as where there was loss of appetite, furred tongue, and general *malaise*, he employed the acetate of ammonia with a much better result. In children, when the stomach seemed very irritable, he had found marked benefit from the cyanuret of potassium.

Dr. Mayburry inquired of Dr. Osler, whether he had found any rationale to account for this prevention of salivation, by the combination of sulphur with the murcury.

Dr. Osler replied that he was under the impression that the sulphuret of mercury was formed, as was seen on the skin when sulphur was employed after mercury. In this he was confirmed by other authorities.

Dr. Butler never gave mercury in scrofulous or tuberculous cases, as in such diatheses it invariably produces bad effects. With regard to the treatment of salivation, the iodide of potassium had been mentioned as a certain remedy. He had used it, but not so as to form a positive opinion. We occasionally find idiosyncrasies where salivation is produced by a few small doses of mercury; it is important to know such peculiarities. Again, we find that if a person is once salivated, it is easy of reproduction. We should, therefore, inform ourselves early in our attendance on a case, as to whether our patient had ever been salivated, and the circumstances attending it.

Dr. Ford could not practice without mercurials. He would like to know if the sulphur would not prevent their action. He always considered that these remedies had an effect that no other class produced. In secondary syphilis and skin diseases, he could not do without these remedies, and he questioned if we could obtain their effect when combined with the sulphur. He had great confidence in the biniodide in secondary and tertiary syphilis; it seems to act more mildly than the protiodide, and was less apt to salivate. Authors do not agree with him in this view. In early practice, he had seen much salivation, having been associated with a physician who used mercury freely, and Dr. F. had found sulphur the best remedy for it. He had employed iodide of potassium in one case, and found it to act promptly. Calomel was of great benefit in chronic croup, and he thought he had saved some extremely doubtful cases by its employment. For diseases of the skin he preferred the red oxide and the white precipitate.

Dr. Slocum had seen a patient in Wills Hospital, who took mercury without ptyalism, and on changing it to the iodide of potassium, profuse salivation came on. He could not explain this.

Dr. Demmé had noticed the same thing, and thought it could be explained by the fact that the chlorides of mercury were soluble in the solution of iodide of potassium, and mercury having been deposited in the system, the iodide causes it to be taken up again, and salivation results. He had employed, in cases of Ptyalism, chlorate of potassa, 10 grains to the ounce of water, and in two days the ptyalism was arrested. In severe cases of sore mouth, this article acted well. He did not believe sulphur could combine with mercury in the system.

Dr. Osler had seen several cases of known susceptibility to the action of mercury, yet when employed in these instances in combination with sulphur, ptyalism never ensued. It will produce a free laxative effect thus, and he feels the utmost confidence in its powers as a preventive of salivation.

Mercury was admitted to produce debility, and yet it was the unanimous opinion that it was beneficial in typhoid fever. This seemed curious.

Dr. Curtis also believed that iodide of potassium increased the effect of mercurials. In regard to the combination of sulphur with mercury, he thought it not at all necessary to see the effect upon the gums in order to know that the mercurial was acting.

Dr. Osler considered that the mercurials stimulate all the secretions, and if we can prevent its operation upon the mucous membrane, we do not necessarily impair their effect upon other organs.

Adjourned.

Editorial.

THE MÜTTER MUSEUM.

Several years ago, in an address delivered before a county medical society, we took occasion, under the title "Doctor's Commons," to propose a plan which we argued was feasible, tending to draw more closely the bonds that united the profession. In substance, it was an elaboration, as it were, of the system of medical association as it exists at present. It contemplated the forming of minor associations, wherever a few medical men could be brought together, and the securing of a room or rooms as a place of common resort, where might be collected a library, pathological and anatomical specimens, etc., and where the profession of a town or neighborhood might meet for counsel and social intercourse, and where at specified hours the poor could be prescribed for. We argued that the tendency of such associations would be, by bringing the members of the profession into frequent contact, to unite their interests and feelings, diffuse knowledge, and claim from the public that respect and confidence to which they are entitled. It would most effectually lift the profession above all connection with any form of empiricism, and sift pretenders and men of quarrelsome propensities, from the society of true and high-minded physicians.

The plan of the Mütter Museum noticed in our last, contemplates something for this city somewhat similar to that suggested above for smaller towns. It seems to us that Dr. Mütter in devoting his means to this purpose has done a noble work for the profession, and reared for himself an enduring monument that will honor his name, and keep it alive, when the monumental marble that shall be reared over his grave, shall have crumbled to the dust.

Let the College of Physicians and the profession of Philadelphia heartily second this munificent benefaction, by doing, and doing well, and doing speedily, the part that is required of them before it is fully secured. This action of Dr. Mütter's confirms our judgment as expressed in the address above alluded to—which was published in full in the Reporter some years since—and gives us ground to hope that the views there advanced and which were regarded by some as utopian, will ere long be acknowledged, and practically carried out. Gentlemen of the legal and clerical professions in this city have their rooms for social intercourse, and why should not ours?

In this connection we would call the attention of our readers to an article on another page, bearing on this subject, and commend it to their serious consideration. We would remark that it was written before the announcement of Dr. Mütter's endowment was made.

KEEPING RECORDS OF CASES.

We are well aware that in advocating anything that will add to the labors of the physician, we in so far appear before our readers to great disadvantage. However, the importance,

both to the practitioner and to the science of medicine, of keeping records of cases in practice, commends itself to the judgment of all, and where we carry the judgment of our readers with us, we have a powerful aid in moulding their opinions and guiding their practice. The American Medical Association early recognized the importance of keeping such records, and recommended a general adoption of the plan. The medical societies of the States of New York and New Jersey have also commended it to their members, and the former has proposed a uniform plan for such records. The Pathological Society of this city has also adopted a plan for the use of its members, which leaves hardly anything to be desired where a physician desires to keep *perfect* records, though it seems to us to be rather too complicated to be recommended for general adoption. A simpler plan would do better for the general practitioner, and be more likely to be carried out. If the American Medical Association would adopt a form, it seems to us that it might tend to the establishment of a uniform system of making such records.

We have been led to these remarks by the perusal of the following in a private letter from a medical friend in a southern city. "In 1853, when treating nearly sixty cases *per diem*, I found so much difficulty in remembering the symptoms and directions I had given to such a host of cases, and such stupidity on the part of the nurses commonly found in the cabins of the Irish poor, that I fell into the habit of making memoranda at the bed-side. Insensibly it grew upon me, and without any specific purpose, I found myself gradually substituting my little book for everything like ordinary memory, until now, I can truly say, that in the height of the worst epidemic, I have no use for any qualities of the intellect except observation and judgment. In this way I have clearly written out about one thousand cases of yellow fever during the years 1853, 1854, 1855 and 1858, every case a full and truthful picture drawn by the bedside. * * * I venture to say, such a contribution to symptomatology was never accumulated by any other method." We trust that our friend will in some way use these valuable facts for the benefit of the profession.

Correspondence.

Boston, Feb. 10, 1859.

I have just finished the reading of two books, which contrast with each other as strongly in their general style, their correctness of expression, and clearness, as they are different in their subjects. One of these is Prof. Dalton's Physiology, which you noticed a short time since, but which I know you will allow me to speak of again. The attention of the profession ought to be turned towards this work, on account of the peculiarly easy manner with which one step leads on to the next. It is not a mass of facts and hypotheses jumbled together without order, indicating that the writer has indistinct visions of something grand, which he cannot make others see. You may follow him without becoming entangled in a thicket of new words, confident that his illustrations will make his statements plain.

The plates in this book are plans just such as one may see grow under his chalk on the black board, and as some of us have seen his chalk and his words coming so close to each other, that we do not know certainly whether the eye or the ear perceived first.

The chapters on the nervous system and development are particularly to be commended to those of our brethren who have not the time and means to spend in the use of the microscope.

Those of us who knew Dr. Dalton in Boston, feel, though personally we lost one of our best men when he went to New York, that, on the whole, the profession at large demanded that he should labor in a larger field.

The other book, I believe, has not been reprinted in this country as yet. It is the last report of a seven years mastership in the Dublin Lying-in Hospital. Full of facts, which make it of value to the profession, one cannot fail to see that the words are imperfectly made. It does not compare well with the works of Collins and Hardy and McClintock. We cannot help thinking that this case of convulsions was hysterical, while at the same time we feel that the observer has only left out something which made him know the contrary, and which he might have shown to us. Every page is full of errors in diction, which no English scholar can have patience with, and which is not to be excused as an Hibernicism, as the introduction would lead us to suppose. One feels, too, with such meagre accounts, that ergot was often unnecessarily administered, and he trembles at the constant mention of chloroform.

Had the records been more complete, doubtless all questions would be answered to the reader. The book is large, to be sure, but it is one of a valuable series, and science demands, that the only printed record of such an establishment would be full and unquestionable.

Notwithstanding its faults, no obstetrician can consider his library complete without it.

Boston, professional Boston, is quiet. We have no very great amount of sickness. Skating is occasionally giving the Chiropodists a corn to cut, but is at the same time cheating the men and women into good health. Young ladies of forty are putting on their skates, and the boys of sixty are renewing their youth. C. E. B.

A MEDICAL HALL, LIBRARY, AND MUSEUM IN PHILADELPHIA.

Messrs. Editors:—It is a matter of great astonishment, that in this city, which has been so long the Medical centre of the Western continent, there should not be any general medical hall, library, or museum, where members of the profession could obtain, at a moderate outlay, the use of all those things so essential to medical improvement.

The necessity for such an institution is so very apparent, that it is really surprising some general movement has not been hitherto made to establish one. The absence of such an institution very much retards professional advancement, as it is almost impossible to obtain in private those advantages for culture which a public establishment of the kind could so readily afford. An institution of the kind, therefore, would prove invaluable. It would afford facilities for medical improvement which would be gladly embraced both by resident members of the profession, and those from abroad. Hence, it would not only directly advance the knowledge and promote the interests, but greatly redound to the credit of the profession of this city, and thus do much to uphold its high medical standing.

Cannot, therefore, some effort be made to obtain this great desideratum? It is a legitimate and worthy object for the profession of this city to concentrate its energies upon, and a general movement might readily be made through its representative, the County Society. If therefore this society would take hold of the matter, and push it to a successful termination, it would greatly add to its honor, and benefit the profession, both here and elsewhere, as its influence would be general as well as local.

This institution might be gotten up on the joint stock principle, and would doubtless thus secure the support of druggists and others outside of the profession, who are pecuniarily and otherwise greatly interested in everything which tends to its advancement. The building might be so arranged as to provide a hall for lectures, and rooms for societies, the rent of which would doubtless go far to liquidate the general fund invested, and meet the current expenses.

There is doubtless a sufficiency of money and material to be obtained for the purpose, and it is probable that it would require but a moderate degree of enterprise to get up such an institution, and supply it, even at the outset, with many of the prerequisites for professional improvement.

The suggestion is therefore offered, in the hope that an earnest and successful effort may be speedily made to erect and endow such an institution, fo the benefit of the general profession. That such an effort may be speedily and successfully made, is the sincere wish of A Progressive.

Periscope.

FOREIGN TRANSLATIONS.

By Theodore A. Demmé, M. D.

Oblique Illumination of the Eye.—Dr. Küchler, Surgeon to the Hospital of Darmstadt, for the Treatment of Diseases of the Eye, refers to the advantages derived in examinations of the eye, by the above mentioned mode of illumination, from his observations of the following facts. A minute object is best seen by having a strong ray of light thrown upon it, independent of any magnifying power adapted to the eye of the observer; as can be noticed in the manipulation of the jeweller, the cobbler with his globe, and the miscroscopist with the darkened chamber of his instrument, while the light is thrown obliquely upon the object. By means of a lens held at varying angles with the axis of the eye, a pencil of light may be made to sweep over the eyeball, thus brightly illumining the minutest portions of the cornea, iris, lens, and, under certain circumstances, the canal of Petit and the ciliary processes.

He enumerates the following advantages:

1st. That every portion of the anterior hemisphere may be gone over with this pencil of light.

2d. That the ray of light being obliquely directed need not, cannot as long as it is obliquely directed, impinge upon the sensitive retina.

3d. With practice, almost every portion of the eye, even the retina itself, may be ex-

amined in this brilliant focal light, without fatiguing the patient.

It needs but little ingenuity to conceive of arrangements by which the operator shall be entirely in the dark, whilst making use of this process: a lamp with a shade—a box in which the lamp is placed, whilst the lens is fastened in the centre of a moveable curtain, forming a side of the box, etc.

By this method, opacity of the lens and cornea and the exact situation thereof is at once detected and distinguished; and even after the operation for cataract, the eye can be examined after twenty-four hours, enabling the surgeon to watch the changes that may be going on.

Radical Cure of Hydrovarium by puncture.—Dr. Freuss, of Dirschan, relates the following:

About fourteen years ago, a girl aged 18 years came under his care for ovarian dropsy; she had never menstruated.

He performed the operation of tapping, and drew off a large amount of fluid. After the lapse of a year she returned, laboring under the same dropsy; he removed by tapping, 7 lbs. of water. A few hours after the operation her pulse rose to 124, high fever came on, whilst the abdomen was so painful that she could not bear the slightest touch. Great apprehensions were entertained for the patient's life, but gradually the symptoms yielded, and at the expiration of four weeks she was dismissed as well: in about four months her menses came on.

Since that time she has married, and become the mother of four children, and, in Dr. K.'s words, is now a perfect picture of health.

Test for Purity of Nitrate of Silver.—Dr. J. Lawrence Smith, of Louisville, proposes, in the *Semi-Monthly Medical News*, the following simple and efficient method of detecting the adulterations of fused nitrate of silver with nitrate of potassa or other substances:—Dissolve some of the nitrate of silver in a little water, moisten a piece of paper with the solution, then dry it, roll up the paper and burn it. If pure, a tasteless residuum of pure silver will remain. If saline impurity exists, the peculiar taste of the salt will be evident.

Poisoning by Belladonna.—Dr. J. H. Schenck, of Lebanon, Pa., reports in the *Chicago Medical Journal*, a case of recovery of a child four years old, from poisoning by six grains of extract of belladonna, after the article had remained in the stomach three hours.

Ergot in Phthisis Pulmonalis—Dr. B. P. Staats, of Albany, reports favorably of the use of this article in consumption, after trial in several cases. (*American Medical Monthly.*) He says of one case, "after taking the medicine four days his pulse and breathing became less frequent, the pain in his chest and diarrhœa ceased, and his expectoration was diminished." Dose given, four grains of powdered ergot every six hours.

Medical News.

QUACKERY IN A NEW ASPECT.—Empiricism has changed tactics. Its usual bold effrontery is turned to attack the public in the rear. Mr. Gayetty of New York intends to take advantage of them by catching them with their breeches down, and bring them to the stern necessity of buying his "medicated paper for the water closet." The *New Orleans Medical News and Hospital Gazette* says:—"Inasmuch as this idea of Mr. Gayetty is strictly fundamental, it must be valuable, and we suggest that he not only place his autograph on each sheet of his invaluable paper, to prevent counterfeit, but that he furnish his millions of patrons with his photograph, in like manner. More, we suggest that the photograph be taken with a bland smile on the face. We are really anxious to see the face of the man who is going to eclipse even homœopathy in the inestimable benefits he thus rubs into mankind; and then, again, it would be such a capital idea to be thus cheering up the sufferer by smiling on the very seat of his troubles."

THE ANNUAL REPORT OF THE NORTHERN DISPENSARY OF PHILADELPHIA shows that 9,139 patients have received treatment from the Institution during the past year. There was the enormous number of 19,161 prescriptions compounded, and 2,634 cases of teeth extracting.

All this medical relief has necessarily been accomplished under the most economic expenditure; the correct eleemosynary, as well as democratic principle of "the greatest good to the greatest number," has been the object of the managing and medical boards.

The managers remark that "it is surprising that so much relief can be extended to our suffering humanity, with financial means apparently so inadequate."

The officers of the Medical Board for 1859, are,—President, Dr. A. M. Slocum; Vice President, Dr. T. A. Demmé; Secretary, Dr. S. N. Troth.

The BELMONT MEDICAL JOURNAL talks independently. It says "it does not depend on vagrant subscriptions of $2,00 and $3,00 for its life. It cares nothing for the whims and caprices of the multitude. It is an offering of the Belmont Medical Society to the goddess Hygeia!" This is extensive crowing and flapping for Vol. I. No. 9, of a little (5 by 8 inches) monthly, hardly fledged. But still we have seen worse journals spread over more paper.

Posthumous.—The New Hampshire Journal of Medicine is extinct. As it died it gasped out the following:—"In taking leave of my readers, I beg to recommend to their notice a journal which I regard as giving more practical information for the same money, than any other; I refer to the "*American Medical Monthly!!*"

We suppose that the editor has sold his subscription list to that Journal, and is now attempting to "*sell*" his subscribers;—that is, if they are *green* enough to coincide in his expressed opinion.

We have nothing to say disparaging the Journal which the defunct chooses as its heir, but think that the ghost of the departed will not be able to find rest until it revisits this wicked world, to examine more disinterestedly into the comparative merits of medical journals in regard to quality, quantity, and price. The inquiry can be facilitated by sending for a specimen number of the MEDICAL AND SURGICAL REPORTER.

Some of the European journals are making merry over the fact that a *woman* has sent to the Acad. de Med. a suspensorium scroti! The inventoress submits it to the approval of the medical faculty, assuring them that it is a masterpiece. The suspensorium was sent back to this new explorer-ess of terræ incognitæ mulieribus.

The Microscopists of Germany have entered into an arrangement, by which once a year an exchange of microscopical specimens takes place. At the last meeting, twenty-four microscopists were present, and 3,000 preparations offered for exchange.

During the months of February, March and April, 1857, the Académie de Médicine in Paris devoted nine successive meetings to the subject of the priority of the discovery of *subcutaneous operations.* M. Guérin arrogated to himself the chief merit of the introduction of this invaluable mode of operation. His claim was first made in 1839, cum voce pianissimo; but every succeeding year brought forth new articles from Guérin, each more and more firmly laying claim to the discovery, until on February 17th, 1857, he publicly introduced his claim before the Académie de Médicine.

The debates that followed, called into the field Velpean, Malgaigne and Bouvier, each of whom denied the validity of any claim of Guérin. No positive conclusion in regard to the exact founder or discoverer of the subcutaneous method was arrived at—but the merits of Hunter and of Diffenbach and Stromeyer were warmly urged.

A Reasonable Request.—The Resident Physicians at the Philadelphia Hospital have presented the following communication to the City Councils. We hope that it will be favorably acted upon:

Gentlemen:—At a meeting of the "Board of Guardians," an appropriation was asked from your honorable body, to pay the board of the "Assistant Resident Physicians." In consideration of our onerous duties, they believe this appropriation to be our due, and we ourselves, feeling that a compensation so light is but a just appreciation of our services, therefore beg your support.

Yours very respectfully,

Jno. C. Bragg, M. D.,	Geo. P. Norris, M. D.,
A. S. Cousins, M. D.,	D. D. Richardson, M. D.,
Jno. T. Darby, M. D.,	T. L. Taylor, M. D.,
T. K. Dashiel, M. D.,	B. S. Wood, M. D.

A Board of Naval Surgeons, consisting of Drs. W. S. W. Ruschenberger, L. B. Hunter, J. M. Foltz and G. H. Howell, for the examination of Assistant Surgeons for promotion in the Navy, and of candidates for admission into the medical staff, has been ordered to meet at the Naval Asylum in this city, on Monday, March 7th, 1859.

AMERICAN MEDICAL ASSOCIATION.—The twelfth Annual Meeting of this Association will be held in Louisville, Kentucky, on Tuesday, May 3d, 1859. The secretaries of all societies, and other bodies entitled to representation in the Association, are requested to forward to the Secretary, S. M. Bemiss, at Louisville, correct lists of their delegations so soon as they may be appointed. The Convention of Teachers, invoked by a resolution of the National Association, for the purpose of a general conference upon the best means of elevating the standard of Medical Education in this country, will meet in the same city on Monday, the 2d of May.

Medical Journals throughout the United States are requested to insert the above.

S. M. BEMISS, M. D.,
Sec'y Am. Med. Assoc.

We invite the attention of the Medical Profession of this country to the department in the REPORTER of ORIGINAL COMMUNICATIONS.

Articles on all subjects of general medical interest, essays, scientific investigations, details of cases, necrological notices, medical news, etc., will be received from every locality.

The original character of the REPORTER has popularized it with unprecedented rapidity over the whole Union, and as its contents will continue to be almost entirely original, we offer it as the most available and prompt means of spreading before the American Medical Profession everything deserving their general attention.

Lectures on Ophthalmic Surgery.

THE subscriber proposes giving a Spring Course of *Lectures, Cliniques and Examinations* on the above subject at the N. Y. Ophthalmic Hospital, No. 6 Stuyvesant Place, near the corner of Ninth Street and Third Avenue—the *ninth session* commencing about the middle of March and continuing to 1st June.

There will be two lectures and two cliniques each week, with a Diploma at the end of the course, to those whose examination is satisfactory, signed by Chancellor Ferris, LL.D., President, Prof. Valentine Mott. M. D., Consulting Surgeon, and the attending Surgeons of the Hospital. Tickets for the Course, $10.

MARK STEPHENSON, M. D.,
123—1t 194 Fifth Avenue.

An Essay on the Treatment of Cataract.

BY MARK STEPHENSON, M, D., Surgeon to the New York Ophthalmic Hospital, Fellow of the New York Academy of Medicine, etc., etc. Read before the American Medical Association, at the city of Washington, May 6, 1858. Reprinted from the Transactions of the American Medical Association. The *Medical Press* says of this work: "This is a very practical essay on the important subject of Cataract, by one of our most experienced Ophthalmic Surgeons, whose name in connection with diseases of the eye has been long and favorably known to the profession. It is illustrated by five beautiful lithographic engravings, which are worth far more than the price of the pamphlet. Copies can be obtained from the apothecary at the Ophthalmic Hospital, No. 6 Stuyvesant Place."

Five copies, $1. Single copies, 25 cents.

Copies can be had in Philadelphia of Mr. Watson, at Jefferson College. Sent per mail to any part of the country. 123—1t

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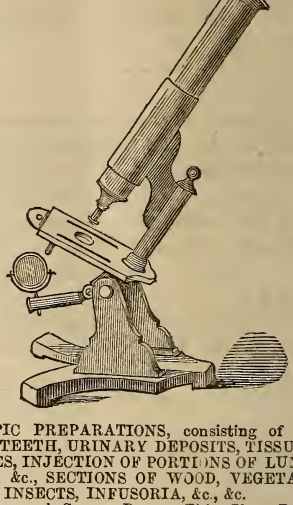
A PHYSICIAN WITH A GOOD PRACTICE, LOCATED within fifteen miles of Philadelphia, desires to sell out his whole establishment. For particulars apply to the Janitor of the Medical Department of University of Pennsylvania. 122-2t

MICROSCOPES.

THE largest assortment of Microscopes, from the most eminent makers, and of the most approved construction, for Physicians and Students, is offered for inspection by the undersigned. Also,



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THE MEDICAL JOURNAL OF NORTH CAROLINA

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THE

MEDICAL AND SURGICAL REPORTER.

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Original Communications.

A Case of Poisoning by Tincture of Aconite.

By John T. Darby, M. D.

Resident Physican at the Philadelphia Hospital.

On November 11th, 1858, Susan Conly, æt 49, was admitted into the surgical wards of the Philadelphia Hospital, with an indolent ulcer of the leg. This woman was intemperate in her habits, and a confirmed opium eater.

At 9 o'clock, on the night of December 31st, she was taken suddenly ill. My colleague, Dr. Richardson, was called to relieve her. He found the patient in violent spasms, pulse scarcely perceptible, respiration slow and stertorous, with the pupils dilated to their full extent. This condition was brought on by her swallowing a liniment composed of equal parts of olive oil, tincture of opium, and tincture of aconite. The quantity taken was three ounces. The oil was first poured off to take what she supposed to be laudanum, when, finding her mistake, the oil was taken to prevent any ill effect. She was seen by Dr. R. in half an hour from the time that the liniment had been swallowed in the condition described. An enema, composed of equal parts of oil, molasses, salt and turpentine in a pint of water was given, hot pediluvia, with the application of sinapisms to the feet and over the region of the heart. As soon as reaction was brought about, two ounces of wine of ipecac. was promptly given, which not acting, large draughts of warm water, with mustard produced violent emesis and thorougly emptied the stomach. The circulation became more feeble from the action of the emetics, and with difficulty could the ear detect the pulsations of the heart; a stomach pump would have been used but there was not one at hand. The convulsions numbered thirteen, and continued until 12 o'clock. Friction was used to the arms, legs and body, with dry mustard, and the circulation was thus kept up until morning, when I took charge of the case.

On visiting the patient at 9 o'clock in the morning, twelve hours after the commencement of the attack, I found her much prostrated, circulation feeble, the mind clear, the pupils dilated, total loss of sight, and slight convulsive twitchings of the extremities, but no distinct convulsion. Carbonate of ammonia was given in five gr. doses every hour with milk punch. For four days this treatment was continued, when she became sufficiently strong to require less stimuli, and relish food. She was unable to see for four days, though her mind was clear throughout the whole attack, except during the convulsions.

A singular feature in this case was the fact, that she recovered the sight of the right eye in four days, whilst the pupil of the left eye was dilated and there was a total loss of sight in it for ten days. This case is interesting from the infrequency of seeing symptoms produced by over doses of this powerful arterial sedative, as well as that a recovery should have been brought about when an ounce of it had been so recklessly swallowed.

The patient has been discharged from the house in as good health as we generally see in those addicted to the use of opium.

A man died of hydrophobia a few days ago in this city, who had been bitten two weeks previously by a tame fox.

Acute Capillary Bronchitis.

(Occurring in Philadelphia Hospital.)

Reported by THOS. W. FOSTER, M. D.,

Resident Physician to the Almshouse.

Mary Jane ——, æt. 25, temperate habits, nervous temperament, had been complaining for more than a week. On the 10th of February found her suffering with oppressed breathing and soreness about the chest; flushed face; pulse 120, and respirations 75 per minute; sibilant and sub-crepitant râles, the latter being extensively heard, both anteriorly and posteriorly.

Ordered six drops of the tinct. of veratrum viride, to be increased one drop every three hours, till vomiting is produced, then continue half the maximum dose, at the same intervals.

At 5 o'clock, P. M., a free ejection of green fluid, mingled with tough mucous, from the influence of eight drops of veratrum. Pulse reduced to 80, and respiration to 50 per minute. Ordered wine, and a sinapism of mustard to the epigastrium.

11th. 9 o'clock, A. M. The veratrum not having been administered after bed time, the pulse had risen to 120, and the respirations to 65 per minute. Less of the sibilant and sub-crepitant râles; indeed the former had almost disappeared. Ordered the tincture, as the day previous, together with 5 grain powders of carb. of ammonia, every three hours; 4 cups between the scapulæ.

Emesis in the evening. Pulse 80; respirations 40 per minute, with less difficulty in breathing. Continued the same course, with the addition of a blister to the superior portion of the thorax, till the 15th; cups to the posterior part of the chest.

11 P. M. Pulse 70, respiration nearly natural.

17th. Alvine evacuations too frequent. Ordered 3 grains of calomel and 8 grains of Dover's powder at night.

18th. Has not been nauseated for two days; sputa more scant; with harder cough. Ordered the addition of 3 grains of ipecac. to each powder of carb. of ammonia; omitted the veratrum during the day, but gave it in emetic doses at night.

Up to this time, the 19th, allowed her the free use of wine. She now has a craving desire for whisky, of which I ordered 6 ounces per day, in consequence of her great prostration. Debility has been a prominent symptom from the first.

20th. Much less of the subcrepitant râles, being replaced by fuller and softer sounds. Withdrew the veratrum, and substituted:

℞. Syr. scillæ comp.
" ipecac.
" tolu āā f ʒj.
Tinc. lobeliæ. M.

Sig. Half a tablespoonfull when the cough is troublesome. Dover's powder, 8 grains at night.

23d. Strength and appetite improving. Takes freely of oyster soup. Decreased the amount of stimulants gradually, till now, the 24th; there is scarcely any cough; no abnormal sounds in the thorax, and the patient is fast regaining her strength, under the use of comp. tinc. cinchona.

The progress of this case has impressed me with the benefit to be derived from free emesis, every day, and the great necessity for stimulants during the stage of prostration, there being more danger to be apprehended from debility than from the inflammation.

This is the first case of acute capillary bronchitis in which I have tried the tinc. of veratrum viride. It is certainly not so well adapted to this disease as to pneumonia and typhoid fever. If it is desirable, I will, in a future article, give my experience with this remedy.

RESTRICTIONS ON POISONING.—A bill has passed one branch of the British Parliament to regulate the keeping and sale of poisons generally.

It has been found that the law regulating the sale of arsenic, has diminished the mortality from the accidental and criminal use of that article to about one-third of what it was formerly. But it is ascertained that other poisons are now being substituted.

When a purchase of arsenic is made, the fact of the sale, names of parties, etc., must, according to the present law, be registered.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

Service of Dr. W. W. Gerhard.

WEDNESDAY, FEBRUARY 23.

Aneurism of the Aorta.—CASE 1. This patient, a seaman, aged 64 years, was violently struck upon the breast about five years ago; whether or not this injury had any effect in determining the organic disease of the aorta, under which he is laboring, we cannot now decide; it may be of interest and value to remark, that the next patient traces his affection to an injury received. About a year ago this patient first complained of palpitation of the heart.

Of course, if a patient comes to you laboring under palpitation of the heart, you examine the chest; to do this systematically, you first resort to *inspection*, that is, an examination by the eye, of the shape, size and movements of the chest; Secondly, to *palpation* or the touch, a name applied to the application of the sensitive hand to the walls of the chest, by which means the non-existence of any normal tremor or pulsation, or the existence of any abnormal thrill, vibration or fluctuation, is ascertained; Thirdly, to *percussion?* this process consists in striking upon the surface, with the view either of eliciting sound, or of producing fluctuation or vibration in liquids, by which this presence may be detected; and fourthly, to *auscultation*, or the listening to the sounds developed in the interior of the body.

We shall now apply each of these aids to diagnosis.

Inspection.—At present there is probably no abnormal pulsation or movement perceptible to the eye, but on taking exercise a strong pulsation is perceptible on the right side of the chest, about an inch and a half below the clavicle, and the same distance from the sternum.

Palpation.—Upon placing the hand upon the spot above marked out, a peculiar tremor is conveyed to it.

Percussion.—There is a slight dullness in this portion of the chest.

Auscultation.—There is a double blowing sound.

Diagnosis.—There is but one affection that will explain all these symptoms, this is aneurism of the aorta.

The aneurism in this patient is probably situated deep in the thorax, we infer from the fact that percussion reveals but a slight alteration from the natural resonance.

Treatment.—In consequence of the frequency of the pulse, we shall give Tr. Digitalis.

CASE 2. The appearance of this man is that of a person in perfect health; he is a seaman, about 42 years of age, and is not habitually intemperate.

About 9 or 10 years ago he received a blow on the breast, in consequence of which he was confined to his bed for five weeks. Since then he has had palpitation of the heart, and a constant cough; when quiet he is not troubled with shortness of breath, but upon exerting himself, orthopnœa comes on.

His pulse imparts a peculiar sensation, it is throbbing and irregular—that is, the pulsations are not of uniform strength.

Inspection.—Upon the right side of the chest, below the clavicle, and about an inch from the sternum, there is a throbbing motion.

Palpation.—Upon pressing the finger behind the clavicle, the pulsation of the subclavian is felt, much stronger than in health.

Percussion reveals the existence of an area of dullness at least two inches in extent, in the position of the pulsation before alluded to.

Auscultation.—A double rasping sound very distinct between the second and third ribs, on the right side; this sound can be traced downwards as far as the fifth rib. In the region of the mitral valve there is also a rasping sound, indicating disease of the valve.

On account of the very great extent of this aneurism, we infer that it is probably one of the so-called dissecting aneurisms. There has probably been a rupture of the lining membrane of the artery, through which the blood has passed, forcing its way behind the lining membrane.

CASE 3. Has been in the Hospital for two years. During this period he has had several attacks of dropsy, and of pneumonia.

The aneurismal symptoms the same as in the 1st and second cases.

SATURDAY, FEB. 26.

Service of Dr. Gerhard.

Disease of the Brain.—The patient, a young woman of about 30, complains of excruciating paroxysmal pain in the head. We infer that there is a growth in or upon the brain, inasmuch as tumors of the brain are usually accompanied by paroxysmal pain, and we have not a single symptom indicating inflammation or other affection of the brain.

A day or two ago the urinary functions became deranged, the urine being much less in quantity; stupor followed, which was attributed to the suppression of urine.

Treatment.—Rest, ice to the top of the head, cups and blisters to the neck, and potass. bitart. in juniper-berry tea.

Post-Mortem of Aneurism—Case No. 3.—The patient died apparently of suffocation. Liver, presented the striking appearances of Cirrhosis—rough, uneven, nodulated, cuts with great difficulty. Upon the right lobe there was a spot resembling Medullary Cancer. [Dr. Smith will place the specimen under the microscope.]

Spleen, enlarged and soft.

Aorta was most extensively diseased, the coats having undergone degeneration.

The aneurism diagnosed during life, existed upon the anterior surface of the aorta, and was filled by a firm, solid clot.

Service of Dr. Peace.

FEBRUARY 23—26.

Amputation of the Arm.—In consequence of the premature explosion of the charge arranged for blasting rocks, this patient received a most severe injury of the elbow-joint—a fragment of stone having been driven into the joint, tearing the soft parts most extensively, and fracturing the olecranon and one of the condyles of the humerus.

Upon consultation, amputation was decided upon.

Dr. Peace, invariably prefers the circular method of operation. The skin and fat down to the fascia are completely divided by one circular sweep of the knife; the skin is then dissected from the fascia, and forcibly retracted; one sweep of the knife divides the muscles to the bone.

The great value of this method is that the arteries and nerves are divided at right angles and not obliquely, as in the flap method—thus greatly facilitating the ligating of the arteries.

Severe Injury.—This patient, whilst at work, had his limb most fearfully injured, in consequence of a heavy piece of coal, detached from the roof of the cave in which he was engaged, falling upon his foot. There is a compound fracture of the os calcis, and of the lower third of the tibia and fibula; there is also an injury of the knee-joint of an obscure character, there being crackling on pressure, and great swelling. In view of this last, with the previous bad habits of the patient, the consulting surgeons have been induced not to recommend at present the amputation of the affected limb.

Perineal Abscesses.—This man fell, about a year ago, upon the pavement, with his limbs wide apart, striking his perineum. Since that time many large abscesses have formed in and around the perineum. The patient is, in consequence of the pain and discharge, excessively emaciated. The finger introduced into one of the fistulous orifices from the inner part of the thigh towards the tuber ischii detects small pieces of dead bone.

Treatment.—Flaxseed poultice, and attention to the strength of the patient.

Obscure Disease of the Spermatic Cord.—Dr. Peace has several times exhibited to the class a man laboring under hydrocele—for this, at one of the clinics, the operation of tapping was performed. But in addition to this affection, there is a swelling in the course of the cord, which, from its position, and from the sensation it gives to the touch, seems to be of an anomalous character. The patient has been under treatment in a number of hospitals in Europe and America; but no surgeon ventured upon an operation.

Dr. Peace, after a most careful investigation of the case, resolved to cut down upon the swelling. The ordinary operation for hernia was performed, and with unusual skill and precision. Through layer after layer the knife almost instinctively worked its way—at last the sac of the growth, or swelling, or whatever it is to be called, was reached, and upon puncture, was found to contain a serous fluid.

A seton was passed through the sac, and the edges of the wound brought together by suture and adhesive plaster.

PHILADELPHIA HOSPITAL.

Service of Dr. D. Hayes Agnew.

Reported by Thomas L. Taylor, M. D.

Ophthalmia Tarsi.—This patient, a young man, had been laboring under the affection for more than a year. The history of such cases consists in an inflammation of the tarsal conjunctiva, which long continuing unchecked, produces thickening from the lymph deposited in the submucous tissue, extending also into the meibomian glands. In this case we have eversion of the lid, resulting in part in thickening, but more particularly in the contraction of the excoriated surface beneath the eye-lid, produced by the irritating character of the tears and pus.

The treatment appropriate to the case after such structural changes have taken place, must be alterative, such as will produce the removal of the thickening; the eversion will disappear as this progresses. To accomplish this, an ointment was directed as follows:

℞ Ung. hydrarg. oxidi rubri ʒij.
Pulv. opii. gr. ij. M.

A small portion to be rubbed on the edge of the lid every night. All stimuli must in such cases be avoided, and a liberal but unirritating diet allowed. Where there is reason to believe there exists some constitutional vice, as scrofula, you should administer some of the preparations of iodine in combina-

tion with iron, as the liquor iod. ferri, or cod liver oil. Care should also be observed in the mornings not to forcibly separate the eye-lids, glued as they are together by the purulent discharge. The parts must be well bathed in mucilage of sassafras.

Enlarged Tonsils.—This woman has had frequent attacks of tonsilitis, excited, it is believed, by secondary syphilis. The one on the left side projects beyond the arches of the fauces, is indurated, not inflamed, and almost destitute of sensibility. It may be considered, therefore, a proper subject for removal. Only a portion need be excised which was done by the tonsilotome. Hemorrhages, save in cases where an inflamed condition exists, are rare. The use of astringent gargles, such as alum or tannic acid, will generally stop any oozing. If not, the application of tinct. ferri chlor., the actual cautery, or compression by ligature or forceps.

Operation for Artificial Pupil.—This patient had some time since a violent iritis which had blocked up the pupil. He had also opacity of the cornea, from which causes, (the other having been lost,) he is reduced to blindness. Having a little space in the upper part of the cornea clear, the opening must be made in the iris opposite. With this view, a delicate iris knife was carried into the posterior chamber, a line behind the junction of the cornea and sclerotic coats, pushed through the iris from behind forwards, and a crucial incision made. The brow and eye-lid were ordered to be rubbed with belladonna, in order to dilate the opening and keep it in that condition. Minute doses of calomel with belladonna were ordered, to counteract the tendency to iritis.

Anchylosis of Knee Joint.—A young woman, 25 years of age, was brought forward with the leg strongly flexed upon the thigh. There was great immobility, the joint admitting of scarcely any movement whatever. This case is one of eight or ten months' standing. The history proves this to have been one of arthritis, which, among adults, is probably the most frequent cause. The patella appears to be fixed, but the position of the limb is such as to render the positive fixation of it uncertain. There is little if any pain, no unnatural heat or swelling about the articulation. The structures implicated here are both within and without the joint. Within it is probably nothing more than bands of fibrous tissue developed from the products of the arthritis. Without, the contraction or shortening of the hamstring muscles and fascia on the back of the thigh. There are two ways in which this limb may be straightened; by the division subcutaneously of the contracted parts, and then forcibly extending and breaking up all resisting obstacles: or, by the application of a splint, with a movable angle acted on by a strong screw, gradually making the angle more and more obtuse. In this case I have no hesitancy in preferring the latter course; if it cannot be accomplished, then division of the tendons will be performed. The splint was applied on the posterior part of the leg and thigh, and the screw run down until the patient complained of pain.* Every day it will be tightened.

Tumor in the Popliteal Space.—A strong, healthy looking Irish woman, with a swelling in the ham, was brought before the class. She complained also of deep-seated pain in the calves of the limb. When the leg is extended on the thigh, the suffering is increased. She attributes the swelling to a fall received several weeks ago. The tumor is liable to be confounded with aneurism, but there is no pulsation; it is situated too near the outer part of the ham, can be isolated from the surrounding parts, and no numbness of the parts below is complained of. The soreness commenced in the leg, below; the swelling succeeded. It is believed, therefore, to be enlarged lymphatic glands from the inflammation below. We have to contend with what threatens to be a deep-seated abscess; leeches may therefore be applied, followed by a blister; the limbs to be placed at rest, and elevated.

Stricture of Urethra and Rupture.—A man, aged 50 years, had been troubled with urethral stricture. Several months since, in endeavoring to overcome it by an instrument, he lacerated his urethra. The urine extravasated into the cellular tissue of the penis and scrotum. A catheter has been kept a long time in the bladder, and yet the lesion has not healed. There is considerable induration along the under part of the corpus spongiosum, and also the evidence of a sack communicating with the urethra. The being patient placed in the ordinary position for lithotomy, a grooved staff was carried along the canal until it came in contact with the contracted portion; it was then cut down upon from the outside, the stricture completely divided so that the catheter could be carried without difficulty into the bladder. The wound would be dressed by lint, so as to secure granulation from the bottom. The cause of its not healing was in consequence of a thickened pouch formed out of the cellular tissue communicating with the urinary canal.

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* This limb is now almost entirely straight.

UNIVERSITY OF PENNSYLVANIA.

SATURDAY, FEB. 19.

Service of Dr. Henry H. Smith.

Atrophy of the Deltoid Muscle—Application of Electricity.—The case of atrophy of the deltoid muscle, described in the REPORTER for February 19th, p. 367, was again brought before the class, and a current of electricity applied after the manner then directed. One pole of the battery being placed above the clavicle and the other upon the inside of the arm, so that the current might pass in the course of the axillary nerves.

This application will be repeated from time to time.

Operation for Hare-lip.—The child described in last week's reports, as laboring under single hare-lip on the *right side*, without fissure of the palate, was then brought before the class, and operated upon in the usual manner. The wound has since healed by the first intention, and the little patient has done remarkably well.

WEDNESDAY, FEB. 23.

Service of Dr. Henry H. Smith.

After Treatment of the Operation of Excision of the Mammary Gland.—The woman, whose breast had been excised a week previously, was brought before the class to demonstrate the after treatment. This patient has done exceedingly well, and the wound exhibits a fine healthy, granulating surface, which promises speedy cicatrization. The dressing of dry lint previously applied had not been removed until it was loosened by the establishment of free suppuration; and since, the granulating surface had been dressed by a cerate cloth, and slight compress, retained in place by a handkerchief bandage.

Scirrhus of the Parotid.—An old woman, 62 years of age, had suffered for a year from a hard, painful tumor behind the angle of the jaw.

The tumor, which evidently involved the parotid gland, was of small size, of stony hardness, and firmly adherent to the surrounding parts. The lymphatic glands of the neck were also enlarged, and formed tumors of great density which varied from the size of a walnut to that of a chestnut. The tumor of the parotid was adherent to the skin which was somewhat puckered. The patient complained of difficulty in swallowing, due to the fact that the tumor encroached somewhat upon the side of the pharynx, and stated that she suffered constantly from paroxysms of the most excruciating pains in the side of the neck.

Dr. SMITH said that the appearance and history of the case rendered it most probable that it was one of scirrhus or hard cancer, and that in his opinion the treatment proper for the case must be purely paliative.

Scirrhus of the parotid gland might be removed by an operation. The anatomical difficulties in the way of such an operation must not be measured by the conditions present when the parotid gland is healthy. The diseased organ can often be removed with great facility, and even the hemorrhage, which at first sight would appear the most formidable difficulty, might amount to little or nothing in consequence of the great arterial trunks, being more or less completely obliterated by the pressure of the morbid mass.

In this particular case, however, the age and feebleness of the patient forbade so severe an operation. The treatment would be tonic and supporting. A good diet would be directed in connection with the use of chalybeates; and anodyne applications would be made to the tumor itself.

An ointment composed of extract of aconite, or of aconitia, rubbed up with cold cream, was directed for the latter purpose.

Operation for the Radical Cure of Hydrocele.—The REPORTER for February 26, contains (p. 387) the details of a case of hydrocele, upon which the paliative operation was performed. Another patient was on this occasion brought forward, who had for some time labored under hydrocele, and had once been operated upon paliatively. The fluid reaccumulating, the patient applied at the University, and professed himself ready to submit to a treatment likely to produce permanent relief. Dr. Smith accordingly operated upon him in the following manner:

The patient being brought into the room in a state of anæsthesia, the scrotal tumor was slit open with a sharp-pointed bistoury, thus evacuating its contents. The tunica vaginalis, which in this case was much thickened and contained several cysts, was then dissected free from the skin, and the greater part of it, except that immediately connected with the testis excised by scissors.

A mesh of lint was then placed in the wound, which was directed to be covered by the water dressing, and the patient was removed from the room.

Dr. Smith said that the plan of treatment just employed was regarded by him as preferable to the injection of stimulating solutions, such as iodine, &c., into the cavity of the tunica vaginalis. The use of the anæsthetic prevented the operation from being a painful one, and the cure was far more rapid than under the ordinary treatment. He had employed this procedure on several occasions, some of which had been published, (see Am. Journal of Med. Sci., April, 1858,) and had uniformly succeeded in effecting a cure with less inflammation of the testicle, and in a shorter period than by any other method.

HOSPITAL OF THE JEFFERSON MEDICAL COLLEGE.

Service of Dr. Dunglison.

SATURDAY, FEB. 27.

Last Clinic of the Session—Old Cases Shown.—This being the final medical clinic, the results of cases were shown, and as the reports were favorable, it was recommended that the treatment be continued. The beneficial employment of the oleum morrhuæ, both internally and externally, in psoriasis inveterata, was well exemplified in the striking improvement of a small child, who was prescribed for two or three weeks ago. In London, oleum bubulum or neat's-foot oil is used as a substitute for the cod-liver oil, as the oleum cetaceum is with us. Cocoa-nut oil is at times employed, so that it is not necessary to restrict ourselves to animal oils. The latter, however, are more used, on account of their agreeing with the stomach better than vegetable oils.

Closing Remarks.—A summary of the number of cases treated in the College clinic was then read, by which the class could see at once what richness and variety had been placed before them. The chronic peripatetic cases, which present themselves at a College clinic, are those which the young physician is called upon to treat in his office. In regard to chronic cutaneous diseases which are a source of constant trouble to the practitioner, it is necessary in all cases to be guided by general principles of treatment, having once made out the diagnosis satisfactorily. Comments were made on the mode that had been pursued in explaining the cases to the class. Great care had been taken in diagnosis, and perhaps more skill was required in the diagnosis of such chronic cases than of the acute. The great principles of diagnosis are capable of being as well expounded in the college clinic as in the hospital. After the diagnosis had been established, an epitome of the pathology of each case was given, followed by the indications of cure which suggested themselves, and the means of carrying into effect such indications. Allusions were made to the system of rational therapeutics which had been pursued, and to the importance of bearing in mind the instinctive actions of the organism, which were capable of repairing injuries, when these are within certain limits, to the avoidance of all routine practice and the numerous evil effects of meddlesome medicine. Not an article had been prescribed without the reason having been given, and in compound formulæ the cause why every adjuvant, corrigent and excipient was selected, was fully explained. The mode of writing prescriptions had also been carefully explained. No such opportunities as are now afforded for clinical instruction were known until comparatively recent times, and the lecturer stated that he would have given any sum of money he could have afforded, to have had the same pains taken to instruct him as the students of the present day enjoy. In conclusion, the lecturer stated that if anything he had said or done would smooth the course of his auditors in the practice of a responsible and arduous profession, he would consider himself richly repaid.

Service of Dr. Pancoast.

SATURDAY, FEB. 12.

Strange Case of Monstrosity—Heteradelphia—Operation by the Écraseur.—An almost unique case of monstrosity was brought to the notice of the class from the western part of Pennsylvania; a child, seven months old, having appended to its left cheek a large mass, growing more rapidly than the child itself, and containing the materials of an imperfectly developed child. Fingers are seen, and a portion of a rudimentary forearm. At birth the tumor was about the size of an apple; it is now nearly a foot long. Its surface is not smooth and regular, being divided into several globular masses, and portions resembling an imperfectly developed embryo. The intestines, which are now covered by skin, were at birth much more distinctly visible. They have been filled with a dark-colored fluid, and the skin is darkened above the place which they occupy. Below the mass of intestines is a sort of *cloaque*, having no communication, however, with the bowel. A prominence extends from it, which is probably a penis, and we think, therefore, that this is a male embryo. What appears to be a corpus cavernosum may also be felt by the finger. The generative organs of the well developed fœtus appear at a very early period of utero-gestation, about the fourth week, and about the seventh or eighth week are large in proportion to the rest of the body.

At one part of the mass, pulsation is distinctly felt, which goes on with little interruption day and night, sometimes to the number of forty beats per minute, at other times one hundred. It is not synchronous with the beat of the heart of the perfect child. The mode of development of the heart and of other parts of the body in a normal fœtus were then detailed, and the different periods at which they make their first appearance.

An abscess has formed in one portion of the mass, and the rosy color of the tumor as well as the presence of a large artery which is distinctly felt passing through it, exhibits the fact that it is largely supplied with blood. The buccinator muscle of the child is drawn into the mass, so that when the finger of the surgeon is placed in its mouth, it passes into a tube. A peculiar caul-like membrane, pierced with holes, separates the primary child from its parasite, and its nature or office is not easily explained. Undoubtedly also the mass has a liver, for that is always a prominent organ in the fœtus, and disproportionate to the size of the child. The child suffers greatly from erythema intertrigo from

the constant friction to which it is subjected from the parasite, although the mother affords a constant support to the tumor with her hand. The case is exhibited to-day, as preliminary to any remarks at a future clinic upon the propriety of affording some means of relief, by removal in such a way as may be then determined on.

Allusion was then made to the formation of monsters by excess and defect; to the cases of inclusion in which a fœtus was contained within another, *fœtus in fœtu;* and to double monsters in general, as well as to the different views entertained in regard to their production; whether, for example, as had been entertained by some, they arose from furcation of a single germ, or from two distinct embryos which had become united in the course of development, or from a germ abnormally compound from the first; whilst supernumerary fingers were assigned to more increased formative activity of the parts concerned. The difficulties that environed these subjects were expatiated upon, and they were regarded by him as amongst the most intricate, but most interesting inquiries in the whole domain of pathological anatomy.

SATURDAY, FEBRUARY 19.

An operation for the separation of this large mass to the presence of which the child has been accustomed for so long a time, must necessarily be accompanied with much danger. The parents have been told what might be the worst consequences of an operation, but they are willing and anxious to have it performed. It becomes a very interesting question, then, what mode of separating the tumor shall be adopted. Its removal by the knife, he believed with Dr. Dunglison would be attended with an amount of hemorrhage that would be fatal probably before the child was removed from the table. Even if a gradual detachment of the two beings by the knife through the caul-like membrane were attempted, and the arteries were tied at each step of the process, the hemorrhage might also be uncontrollable. It is proposed, therefore, to use the *écraseur*, which, by forcing down the skin, and bruising the vessels thoroughly before the chain of the instrument cuts through the mass, prevents the occurrence of hemorrhage. The objection which has always been made to the removal of monstrosities, is probably due to the belief that the parasitic growth, if we may so call the second being, had its origin in excessive formative power, both beings deriving their support and development from the same source.

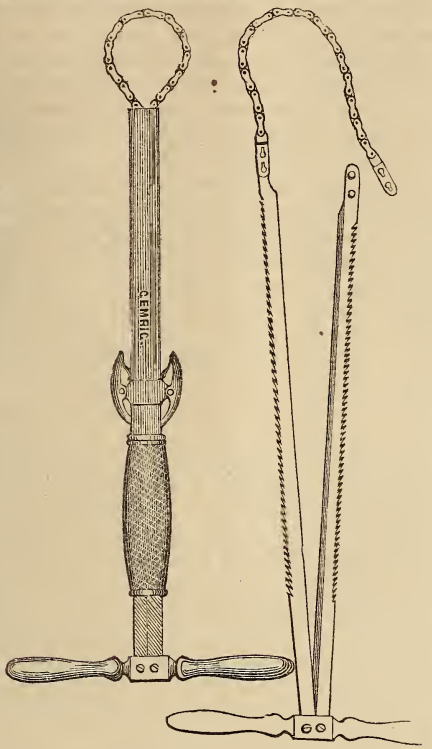
The application of ether as an anæsthetic agent to the perfect child had the effect of at once putting an end to the pulsations of which we have spoken as previously going on in the parasite. Four needles were passed through the caul-like membrane so as to get as much skin as possible from the outside of the buccinator muscle, and several threads were passed around them. The instrument was applied, and the chain rapidly worked at first until the parts were well compressed, and then, very slowly. After about fifteen minutes, the tumor came away with the instrument, the chain having worked through, with scarcely a drop of blood following the removal, and but one small vessel requiring ligation. The surface left was about two inches by about an inch and three-quarters. The tumor weighed nearly two pounds and a half.

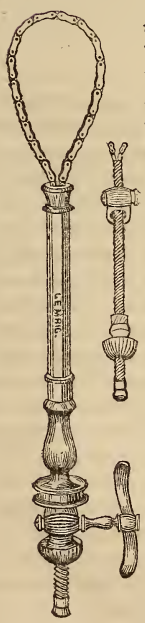
The system of *écrasement* adopted in this case as the safest and most appropriate mode of treatment has been in use in Paris for some time. It is especially applicable to vascular tumors, in which excision by the knife might be followed by dangerous hemorrhage. The *écraseur* was devised by M. Chassaignac of Paris, and has been employed by him in a large number of surgical cases of all kinds, in some of which it would seem to be less appropriate than the knife. But for amputations of the penis and removal of hemorrhoidal and other tumors it has been found a decidedly valuable instrument. The original instrument of Chassaignac has been modified and improved. The form used in the operation for removal of the parasitic growth which we have been describing was that constructed by Luer on the same general principles as the original instrument, but with modifications.

In all, a sort of blunt chain-saw is used, which is gradually tightened around the pedicle or other point selected for the operation; but the different instruments vary in the mode of tightening the chain, one having a screw for this purpose, while another has a rack and pinion. The loop of chain-work, the ends of which are contained in a hollow tube, are susceptible, by the means above referred to, of producing gradual but effectual constriction on the mass, the screw or rack and pinion—whichever may be employed—being moved slowly by the operator.

M. Chassaignac published, some time since, a work upon the subject of which we are speaking, entitled "*Traité de l' écrasement linéaire,*" in which the modus operandi of the instrument which he has devised was fully explained. The objection which may apply to the *écraseur* is its slow action; yet it is to this quality that its beneficial action is due, for by condensing the tissues in this gradual way, hemorrhage is prevented. The wound produced by the instrument is of the class called contused, which class, as is well known, is not accompanied with much hemorrhage. In a case of gangrene of the penis, which was presented in this clinic during the session of 1856—7, amputation was performed by the *écraseur*, and the parts appeared to be almost healed immediately after the operation; the after-treatment being merely the protection of the sur-

face from the irritating and desiccative influence of the air by the application of some mild powder.





[As all may not be familiar with the instrument, without which it is believed that great difficulty might have been experienced in the removal of the parasitic growth we have described, it has been deemed advisable to append these remarks to the regular clinical report of this week, with the accompanying cuts of instruments made by Mr. Gemrig, instrument maker, of this city. The first represents Chassaignac's original instrument, described above; and the other, Luer's modification.]

Saturday, Feb. 26.—A dissection of the mass removed a week ago having been made since the last clinic, some remarks were offered upon the appearances presented and prominent points of interest referred to. As far as the dissection has been carried, about eighteen inches of intestine have been discovered, the colon being visible, and the sigmoid flexure terminating in a cul-de-sac like a rectum. A rudimental organ exists resembling a penis, although not sufficiently well developed to be considered positively a penis, or a clitoris. The perfect child, however, is of the male sex, and cases of *fœtus in fœtu* are usually of the same sex. At the time of birth, the intestines were much more distinctly visible than immediately before the operation, being covered, at the former period, by a membrane, like the peritoneum. Meconium was found, which has been submitted to microscopic examination by Dr. S. Weir Mitchell, and found to be ordinary meconium, with a large amount of adipose matter. Around the intestine, and scattered through the mass, bodies were found, which are doubtless lymphatic glands. Through a foramen, the nature of which is not satisfactorily determined, a probe passes into what resembles a bladder, beyond which is what may be considered a urachus. A dimple exists on the cutaneous surface which is probably the umbilicus. At this point the umbilical cord was perhaps attached.

A large nerve was found running through the mass, but its course has not been satisfactorily determined, in consequence of the tumor not having been as yet thoroughly examined. The body which was considered to be a heart, was found to contain imperfectly formed auricles and ventricles. The mesenteric arteries and veins were of large size. The liver, crushed by the *écraseur* at the time of the operation, must have been fastened to the buccinator and masseter muscles of the living child. A rudimental skeleton also probably exists, as the knife in the dissection comes in contact with the osseous matter. Fat was found in large quantities everywhere, and the whole mass, when exposed by examination, presented the appearance of a fatty tumor, containing all the many and varied complicated appearances which we have described in connection with this very strange and interesting case.

The child from whom the mass was taken, was brought in doing very well, the space left in the cheek healing up by granulation very satisfactorily, and the patient being well enough to leave town at an early day.

Wednesday, Feb. 23.

Amblyopia with Strabismus.—A case of amblyopia previously spoken of was again presented. Patches of protuberant masses of the choroid coat are seen coming through the retina. The cause of the present condition of the eye is chronic choroiditis. He can see with his right eye only, and has also strabismus of the affected eye. By taking off the pressure upon the eyeball, exerted abnormally by the oblique and recti muscles, we can often, by relieving the strabismus, improve the sight of the eye. The axis of vision is altered in

such a way, that both short-sighted and long-sighted persons are benefited by the operation. Every squinting eye is sunk below the level of the other. The protrusion of the eye-ball necessarily widens the palpebral fissure, while its retraction diminishes the space between the lids. The rule, therefore, in cases of strabismus, is to examine the eyes carefully, to see what may be the amount of protrusion, and not to increase the prominence of the eye-ball in the operation.

In this case the ordinary operation for strabismus was performed, the tendon of the internal rectus muscle being divided. Few instruments are required—an ophthalmostat, an instrument to raise the muscle, forceps, blunt probe, and scissors.

Tumor in the Parotid Space.—A man with a tumor in the parotid region, of fifteen years' duration, but growing rapidly during the past three or four years, perhaps involving the parotid gland. It runs back under the jaw so deeply, that it is impossible to diagnosticate whether it is a parotid tumor or a tumor of the parotid gland. If it be the latter, and the gland itself has to be extirpated, its removal cannot be effected without division and ligation of the external carotid artery, or without section of the portio dura nerve of the seventh pair. Paralysis of that side of the face will be the inevitable result. Whenever that nerve—the motor nerve of the face—is divided, a momentary twinge of pain shows that some fibres of the fifth pair—or the nerve of general sensibility—accompany it. On removing the tumor, it was found to have caused almost complete absorption of the parotid gland, and it was not found necessary to divide either nerve or artery. The tumor, therefore, was not an enlargement of the gland itself, although occupying its space.

Ankylosis of the Knee-Joint—Novel Mode of Treatment by Fracture of the Thigh-Bone.—In the case of ankylosis of the knee-joint, reported on page 390, in which the application of apparatus was temporarily suspended for fear of producing subluxation of the head of the tibia, it is proposed to-day to adopt a novel mode of treatment. Amputation is sometimes practiced in similar cases, where all other means of relief have failed, or the plan of Barton, which consists in the removal of a V-shaped section of bone, and the application of a Stromeyer's screw to straighten the limb. But the latter mode produced a sort of compound fracture of the bone, and is extremely hazardous. It is proposed to-day to bore holes in the bone, from one external orifice in the soft parts above the knee, where the bone is least covered, and after having thus weakened the part sufficiently, to break the bone either across the knee or by apparatus. This, too, is a hazardous operation, and may be followed by inflammation and its consequences, demanding amputation of the limb at a future day. But in the strong belief that the plan suggested may be of benefit, by affording hereafter an opportunity for bending the soft callus, so as to effect the straightening of the limb, the attempt will be made to fracture it. A compound fracture is not likely to result, but probably a simple form requiring the usual simple treatment, by rest, position, splints, etc. Troublesome abscesses might follow the introduction of the ordinary gimlet, but one that will bring away the sawdust with it is preferred. The risk of the operation is subsequent necrosis, the lower end of the thigh-bone being very liable to that affection, and especially in the region which has been selected as the proper point for operating. This result may, perhaps be avoided by a simple treatment, and by general attention to the health of the patient.

When the constitution is not good, the patient being of a scrofulous diathesis, or disease of the bone, as necrosis, is pre-existent, the operation should not be thought of. If the experimental mode of treatment adopted here be successful, it will doubtless be found much more efficacious than the plan of Barton, and much more humane than amputation of the limb. The gimlet should be introduced on the outside of the limb, so as to avoid the anastomotic artery. From the single external orifice, half a dozen holes were bored through the bone, at different points, and after several efforts to break the bone, it was fractured with a loud snap, distinctly audible over the whole room.

The case was exhibited at the following clinic, no unfavorable symptom having followed the operation.

SATURDAY, FEB. 26.

Housemaid's Knee.—A woman with an inflammation and enlargement of the bursa in front of the patella, a true hygroma, commonly known as housemaid's knee. The bursa mucosa behind the ligamentum patellæ is not often involved, except in white swelling. Very often the sac is multilocular, and the best plan of treatment is to dissect it out. But circumstances of occupation, etc., interfere here with that mode of treating the case, and a plan will be adopted, therefore, that will not put her to much inconvenience, but may not be successful, although it frequently is so. The "miner's elbow," a tumor over the olecranon process, generally the left, from the nature of the occupation, is analogous to housemaid's knee, both being the result of pressure.

The knee must be painted twice a day, with a mixture of equal parts of tincture of iodine and collodion, the brush being moistened after every application to prevent the evaporation of the collodion from rendering it hard and useless. Surgical interference may be necessary at a future day.

Some of the results of important operations were exhibited to the class, and a general summary of the cases and operations presented during the clinical year, read. This being the last day of the session, Dr. Pancoast delivered some farewell remarks appropriate to the occasion.

(The surgical clinic will be continued every Wednesday, at 12½ o'clock, by Dr. Gross.)

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

WEDNESDAY EVENING, Jan. 12th.

Dr. Mayburry, V. P., in the chair.

Subject for Discussion—MANIA-A-POTU.

DR. COATES opened the debate by remarking, that while a resident in the Pennsylvania Hospital, he had a most violent case of this disease to treat, the responsibility, owing to incidental causes, having been thrown entirely upon him, then very young, and a resident of the hospital for only about four years. He was compelled to act by the urgent danger of the patient; after continually appearing to grow worse, under a treatment by more moderate doses of opium, combined with brandy, suddenly he was permanently relieved, after a long sleep following the use of eight grains of the former substance, given during a portion of one day. In preceding cases, he had observed no deaths, after the patient had enjoyed a sound sleep; and all the patients appeared to him to grow wilder until this occurred. It seemed that brandy aggravated the delirium; and few or none of his patients manifested those external symptoms of debility, which were supposed to require it. The symptoms never showed any signs of improvement, till sleep was produced.

Soon after, another patient who was thrown, in like manner, exclusively under Dr. C.'s care, took, within the space of 30 hours, 400 drops of laudanum, and recovered perfectly and speedily.

From a number of cases, he finally came to consider that the brandy was seldom necessary, and he therefore omitted it, unless there were evident symptoms of sinking. He referred to his essay on this subject, in the *North American Journal*, written many years ago, as not differing very widely from his present views. Since that time, many plans of treatment have been brought forward, and for each was claimed the credit of being successful. In some statements of cases at the almshouse, published by Dr. Gerhard, in which brandy alone was employed, 141 cases recovered, and *one* died. This has been thought extravagant, but Dr. Coates mentioned the authority of Dr. Salter, an English writer, who claims to have cured every case.

He had attended a patient in his fourteenth attack, from which he recovered entirely, and Dr. C. was so happy as to be able to add that this individual appeared almost or quite cured of the habit of using ardent spirits; his prosperity and the welfare of his family being very greatly advanced. This patient, by the exertions of his wife, and his own wish and consent, was placed under treatment at the hospital, the moment his symptoms presented themselves, and thus the success might be readily explained.

Dr. C. prefers to call the disease *delirium tremens*, as that is the name most commonly given to it, and especially so in Germany. In England, also, this is the most general term. It certainly is a *delirium*, being a derangement of short duration, and hence it is not *mania*. Sometimes it is complicated with an injury. Thus we have a fracture, resulting from a fall while intoxicated, and after a little while the delirium sets in. Bleeding, in probably every case, he conceives very unadvisable; the brain not being in the slightest degree relieved by it; secondary inflammatory diseases never having appeared urgent, and some degree of exhaustion appearing always to occur.

Emetics of ipecac. have been recommended; he thought these might be beneficial, where the stomach was loaded, as it often is, with the potations of the patient. He believed a true rationale could account for the occurrence of the delirium from sudden cessation of drinking, as is the result, not only in simple cases, but where an injury has been received. It appears to him that the action of the spirits is to excite the action of the brain, producing great distension of its blood vessels; and, at a subsequent stage, to produce sleep. It is necessary that the patient should be habituated to this method of bringing on repose. When this was intermitted, and we find the patient with his brain excited, subjecting himself to great fatigue, without obtaining sleep, the necessity of a narcotic appears to Dr. C. very evident; while in a simple case, that of stimulants seemed to him by no means so, or that remedy contra-indicated. If a healthy state of the brain were reached, or even approached, the patient must inevitably sleep. How could he do otherwise? He was exhausted with loss of sleep and incessant agitation.

He had never employed chloroform. It was not known at the time of his hospital service; nor its hypnotic action, till recently. Camphor and assafœtida, he considered as productive of benefit, but not of so much value as opium. Ipecac. contained an anodyne principle, and hence might arise a portion of its boasted good effects. With hyoscyamus he was not so familiar as with opium, and he thought

he could not calculate the dose with so much certainty as that of opium. He believed that he had been more successful with the latter than with morphia; he could not say why. The hallucinations are curious, and have attracted some attention. He mentioned several of the more common forms. These indicate great activity of the brain. As a general rule, patients laboring under this disease do not require forcible restraint, and can be coaxed to do almost anything. They may commit acts of violence. but generally, if a person is with them, and treats them kindly, they are only very restless. The largest dose of opium he had given was 20—24 grains in 24 hours, in divided portions, watching carefully the effects.

Patients in this condition generally take no food, and little drink, but ardent spirits. In cases not excessive in their character, Dr. C. believed it very often to be not at all imprudent to break off abruptly. "Tapering off" their liquor, he deemed a method which ought to influence the physicians, if a stimulus is absolutely indicated in order to sustain the system. It ought, however, to be always remembered, that persons in this condition will often make the most agitating demands for ardent spirits or laudanum, alleging that they will die for want of them, when really they are not at all needed.

Dr. Jewell said, that whatever was now thought of the emetic practice, it was certainly the favorite, and the most successful 30 years ago. Being a student of the late Dr. Joseph Klapp, who introduced this method of treatment, he saw many cases, both in the almshouse and in private practice. Dr. K. took a peculiar delight in treating these, following them up, and describing them to his class. The recent cases were more easily cured than those occurring in old drunkards. In the almshouse, where the majority of the cases were those of old drunkards, with broken down constitutions, they were effectually relieved without stimulants, but entirely by means of the emetic practice.

Dr. Jewell had not followed up this practice; it had not seemed to succeed of late years—whether from a change in the constitutional peculiarities of individuals, or from the character of the liquor drank, he could not determine. It is said that poisonous ingredients are now introduced into the various forms of liquor, and this may be one of the producing causes of the peculiar prostration of the cases that now occur. He believed the only reliable article was opium; and although he had not many cases, he pursued that plan of treatment in combination with stimulants. In fact, he could not treat this disease without opium and alcohol in some form and shape. He was a strict temperance man, and endeavored, to the utmost of his ability, to carry out his views of temperance in his practice, yet he found it absolutely necessary, in many cases, to give the alcohol. He mentioned a man who had been repeatedly under his charge with this disease, and he endeavored, in order to prevent a further use of liquor by him, to cure him without the stimulant. He was a week under treatment, and Dr. J. was finally compelled to resort to the alcohol. In another case the patient sank and died. He had a few times succeeded, but in every case the treatment was protracted. Dr. Janney employed hyoscyamus and purging, with saline cathartics in large doses, as magnesia and salts, but he was afterward compelled to give the opium. Dr. Jewell gave this remedy in doses amounting to ten grains a day, and even more, especially where the patient was accustomed to take it, as was often the case in old drunkards, who have had repeated attacks. In cases where the patient had never suffered so before, he gave it with more caution, but in others without fear. He believed that when the brain was not accustomed to the stimulus of drink, there was more likelihood of over-stimulating it, and here it was dangerous to give large doses of opium.

Dr. Nebinger asked if any of the members had seen any cases of delirium tremens which had resulted from the use of anything else than intoxicating drinks.

Dr. Coates thought he had, but they were very rare; and he believed the sudden intermission of habitual opiates was a cause which seldom occurred.

Dr. Nebinger had seen two very interesting cases of infants, in which symptoms analogous to those which occur in delirium tremens presented themselves, and which were, without doubt, that disease produced in the infants referred to, by the intermission of the large quantities of opiates which they had been in the habit of receiving.

The first case of those to which he referred, he said was that of a babe about twelve months old. He would give a description of the appearance of the child, and its conduct when he first saw it. It was thin, pale, and looked as if it had been very defectively nourished. Constantly screaming, clinging now to its mother, then loosing its hold upon her and looking about in the wildest manner; again starting and shrinking back upon the mother, as if something very alarming had been presented to it. It was tremulous; indeed, its entire little body was in a most astonishing condition of tremulous agitation. Its pupils were dilated—its skin cold and moist. He learned from its mother that the condition in which he found her babe had not been suddenly induced, but that it had been two days in developing itself. He inquired if it had been frightened, if anything had occurred to it which would

have been calculated to suddenly startle or alarm it. The mother thought not. To him the case presented new and curious features—it was in truth unique. The history which he received of the babe's sickness from the mother, was, in substance, that about forty-eight hours previous to his visit, it had been seized with sickness of the stomach, and that from then until the moment she was giving her account of it, there had not been retained anything in its stomach; that it began to grow restless—then to act as if it were in great pain, or as if frightened—all these conditions every hour growing worse, until they had reached the condition in which he found it. She said that it had not slept for the past forty-eight hours, and to quiet it she had given the babe Godfrey's cordial several times, but that each time, shortly after giving the cordial, it had been thrown up. Upon inquiry, she informed Dr. N. that she had been in the *habit* of giving the babe this drug, the quantity administered being a bottle of the cordial (two ounces) every two days, or one ounce daily. After receiving this history from the mother, it occurred to Dr. N. that all the alarm, tremor, restlessness, wakefulness, and other morbid symptoms, were due to the fact that it had not received, or if received, did not retain its accustomed quantity of opiate. In every drachm of well prepared Godfrey's cordial there are eight drops of laudanum. Hence this little babe must have taken about 64 drops of laudanum per diem. A wonderful quantity, when we consider the age and delicate condition of the child. Possessed of the information relative to the Godfrey's cordial, the case presented itself as one of a disturbance of the brain, resulting from the sudden withdrawal of an accustomed amount of opiate. It was, in short, a mania—a delirium tremens Dr. N. instituted first such treatment for it as he would for an adult laboring under an attack of mania-a-potu—modified, of course, to suit the circumstances. He gave it a treatment similar to that spoken of by Dr. Coates, employing opium, stimulants, and high nutrition. He also gave lac assafœtida. Under this treatment the child soon recovered, after which the opium was gradually withdrawn without any bad symptoms ensuing.

The other case referred to was that of an infant, aged about eighteen months. This child had been attacked with bronchitis, to treat which, he was sent for. During his first visit, he did not see anything in the child's case, but an uncomplicated mild attack of catarrh. On his second visit, new and alarming symptoms presented themselves. The child was restless, much agitated, tossed about wildly, and would occasionally scream out as if in great pain, or as if frightened by something suddenly presented to it. It occurred to him that the case was being complicated with meningitis. Accordingly he ordered ice water to the head, and other treatment to meet the apparent requirements of the case. The babe grew worse every hour. The alarm, agitation, tremor, screaming and wakefulness, all went on increasing in gravity, until they so mounted up as to remind him forcibly of the condition of the babe whose case he had first related. Impressed with the resemblance of the two cases, he asked the mother of the child if she had been in the habit of giving it "drops." She said she had not; he left, and shortly after reaching his home he was waited upon by the grandmother of the child, who was present when the babe's mother denied giving it "drops." Feeling that it was important that the doctor should know the truth, she came to inform him that he had been deceived by the child's mother. She informed him that its mother had been in the habit of giving it laudanum from about two weeks after its birth—that she had, for the purpose of keeping up the effects of the laudanum, been forced to, at short intervals, increase the dose, until it had reached thirty drops three times a day; but that since it had been seized with the catarrh she had not given it any, withholding it, because she feared its use would damage the child while it was being medicated for the bronchitis. This information, given by the grandmother, made all things clear. The alarm, tremor, fright and all the other terrible symptoms had, in this information, their complete solution. He visited the child at once, and learned from its mother that all the grandmother had said was correct. He then directed the babe to be given half the quantity of laudanum that had been daily given to it. This done, the screams, the tremor, the alarm, the frightful starts, the wakefulness, in short, the delirium tremens gradually subsided, and his little patient fell into a sweet sleep, from which it awoke refreshed and convalescing. The laudanum was daily diminished in quantity until the dose was reduced to a few drops, when it was entirely withdrawn without any inconvenience to the child.

Adjourned.

Reviews and Book Notices.

TRIALS OF A PUBLIC BENEFACTOR, as illustrated in the Discovery of Etherization. By NATHAN P. RICE, M. D. New York. Pudney and Russell, 1859.

It is not often that a book of the character of the "Trials of a Public Benefactor," is submitted to a medical journal for review. As intimated in the prefatory note, signed by

seven distinguished medical gentlemen of New York, its object is to aid in "raising a National Fund for the benefit of Dr. Wm. T. G. Morton, of Boston;" and the author presents a long array of circumstances, facts, and documents, under the form of a biographical narrative of Dr. Morton, to sustain his claims to the discovery of etherization.

His career is traced from his father's farm in Charlton, to a clerkship in Boston, and then to his own establishment in business. But "his mercantile career terminated in decided disaster and its abandonment forever." He next attended the Dental College, in Baltimore, and, after graduation, forming a co-partnership with Dr. Horace Wells, he commenced the practice of dentistry, in Boston, in 1842. This partnership was dissolved the following year. In March, 1844, he entered the office of Dr. Charles T. Jackson, the eminent geologist, as a student of medicine, while pursuing his profession as a dentist. For a time, he was also an inmate of the Doctor's household.

This brief statement is sufficient to show the intimate personal and pecuniary relations of Drs. Wells, Morton, and Jackson, the three contestants for the honor of discovering the use of anæsthetics, between the year 1842 and the autumn of 1846. From the latter date their interests diverged; a grand family-quarrel resulted; and the medical public is now invited to decide upon the points at issue.

Dr. Morton asserts that he was endeavoring to find some article of a narcotic character, to relieve the agonies of dental operations, and that he had experimented with several. But learning from his student, Mr. Thos. R. Spear, in the spring of 1846, that he had often inhaled pure ether, for its exhilarating effects, when at college, without any bad results; and finding upon reference to "Pereira's Materia Medica," that "the vapour of ether is inhaled in spasmodic asthma, chronic catarrh, and dyspnœa, hooping-cough, and to relieve the effects caused by the accidental inhalation of chlorine gas," and further, that it produces "effects analogous to those caused by the protoxide of nitrogen," (laughing gas)—he determined to test its action upon a dog. The result is thus stated; "the dog wilted completely away in his hands, and remained insensible to all his efforts to arouse him by moving or pinching him," and yet "became in two or three minutes as lively and conscious as ever." The next experiments upon himself and Mr. Spear, above-mentioned, were not altogether satisfactory; but having procured some pure ether, he extracted a tooth for a patient on the 30th of September, 1846, without pain. The first public exhibition took place at the Massachusetts General Hospital, on the 16th of October, 1846, when a tumor was successfully removed from the jaw, by Dr. John C. Warren; the patient having been etherized by Dr. Morton.

During the latter part of 1844, while Drs. Jackson and Morton were residing together, the subject of relieving the painfulness of operations occupied their thoughts; but what particular share each had in the final selection of sulphuric ether as the agent, remains unknown, since there is a discrepancy in their statements. Certain it is, that a patent was issued in Nov. 1846, on the joint oaths and application of Drs. Morton and Jackson, claiming as "our discovery," that "the inhalation of such vapors, (particularly those of sulphuric ether), would produce insensibility to pain." It is highly probable that the scientific acquirements and personal experience of the one, restrained and directed the enthusiasm and daring of the other.

As in great discoveries there is usually a train of facts leading insensibly to the final consummation, the mind naturally inquires whether a departure from the usual course of events has occurred in this instance. By reference to page 142, it will be seen that the idea of alleviating pain by inhalation, was directly given to Dr. Morton two years previous to his own announcement. For he remarks, in the course of the winter (1844–45,) Dr Horace Wells, of Hartford, Conn., a dentist, and formerly my partner, came to Boston, and desired me to aid him in procuring an opportunity to administer the nitrous oxide gas, which he said he believed would destroy or greatly alleviate pain under surgical operations." A public experiment of tooth-drawing was made, which resulted in a failure, as, according to Dr. Wells, the gas bag was withdrawn too soon. Both before and subsequent to this exhibition, however, the nitrous oxide was employed in Hartford by Dr. Wells, with the most satisfactory results as an anaesthetic agent.

The last chapters of the book contain the history of the three applications to Congress for an appropriation of $100,000, and of the hope deferred that maketh the heart sick. Failing in these, the appeal is now to the public. The author has presented "the trials of the public benefactor" in a strong light; yet we cannot but believe, that his own end would

have been better accomplished by a more liberal acknowledgement of the just claims of others.

As some of our readers may feel an interest in the history of anæsthetic agents, and may not have access to documents, we append to our critique the dates of their introduction, and by whom, respectively, made known.

In the latter part of the last century, ETHER was given by inhalation, by Dr. Pierson and others, for the relief of painful and spasmodic diseases of the chest.

In 1799, Sir Humphrey Davy wrote, "as NITROUS OXIDE appears capable of destroying physical pain, it may probably be used with advantage during surgical operations, in which no great effusion of blood takes place."

December 11th, 1844, Dr. Horace Wells, of Hartford, submitted himself to the influence of NITROUS OXIDE GAS, and had a tooth extracted while in an unconscious state. In consequence of this result it was extensively and successfully employed by himself as well as by various dentists and physicians of Hartford, during 1845 and 1846, and was publicly announced in the Boston Medical and Surgical Journal, June 18th, 1845. The friends of Dr. Wells claim for him, also, the introduction of ether, upon the recommendation of Dr. E. E. Marcy. This point remains *sub judice.*

Oct. 16th, 1846, SULPHURIC ETHER was first employed PUBLICLY by Dr. Wm. T. G. Morton, of Boston.

CHLOROFORM was introduced as an anæsthetic agent by Prof. J. Y. Simpson, of Edinburg, Nov. 10th, 1847.

AMYLENE was tried for the first time in King's College Hospital, London, by Dr. John Snow, Nov. 10, 1856.

From a comparison of the dates given, it appears that the first practical employment of AN ANÆSTHETIC, was made by the late Dr. Horace Wells, nearly two years in advance of any competitor. From published facts, it is equally evident, that the thoughts of the three contestants, Drs. Wells, Morton and Jackson, were directed to the use of sulphuric ether; but to Dr. Morton belongs, in our opinion, the credit of publicly proving the value of this particular agent. X.

☞ We are glad to announce that Councils have responded favorably to the reasonable request of the Resident Physicians of the Philadelphia Hospital, published in our last, and made an appropriation for the payment of their board.

Editorial.

In some recent strictures under the caption of "Professional Disputes and Public Comments," alluding to the extraordinary publicity which was given to the medical proceedings in the "Whitney case" in New York, we denounced its authors as culpable and ethically amenable to the profession. In support of this charge we refer to the Code of Ethics, "chapter second, article first.—Duties for the support of professional character."

We believed that most of the publicity occurred at the *public* meetings of the Academy of Medicine, and thought that some, at least, of it, had been designedly allowed by some of the members for the sake of popular effect. We have received from Dr. Horace Green, of New York, the defendant in the hearing before the Academy, an emphatic and satisfactory denial of his being in any manner the cause of the notoriety which resulted in producing so much in the public prints disparaging to the whole medical profession, and commend the honorable course he has pursued under very trying circumstances.

The following is an extract from his letter on the subject.

"With giving publicity to the particulars of the Whitney case, to which you refer, (reports of which have gained the 'disgusting notoriety,' whereof you justly complain,) I emphatically declare that *I have in no way participated.* Not a sentence—not a word, has from beginning to end of this affair, gone from me to the public except through the legitimate channel of the Academy of Medicine, as I have been called upon to give my statements and make my defence. At the time when the belief was almost universal, that my instrument had perforated the trachea of my patient, I had in my possession the report of the post-mortem examination, furnished me by Drs. Mott and Beales, in which was their declaration that no lesion whatever was found in the windpipe, and yet this testimony, which if published would have relieved me of an unfounded accusation, was withheld by me entirely from the public, for two weeks, although it was re-

peatedly solicited by different journalists in this city, for publication.

"Again you say, 'we cannot but think that some at least of the publicity has been designedly allowed for the sake of popular effect. One sheet gives the likeness of the accused specialist,' etc. A gentleman connected with 'Harper's Weekly,' called on me before the publication in that journal, of the article to which you refer, and stated that it was the intention of the proprietors of that journal to publish some account of my method of treatment, etc. I also received a letter from the editor, making a request for my photograph, and stating that Mr. Brady had been instructed to take it, etc. I dismissed their applications by refusing utterly and positively to comply with them; begging the gentleman who called on me to exert his influence to prevent anything of the kind from being done. I also wrote a letter to the editor, entreating as a personal favor, that these intentions should not be carried out. I heard nothing more of the matter until the paper came out with the flashy and silly caricatures of which you speak."

The editors of the New York Medical Press are fretted because we declined publishing a list of Graduates of the Medical Colleges of this city who have become distinguished, to compare with a list of New York graduates published in the *Press*, and who they say are distinguished. We declined it because we could see no utility in publishing names, many of which are familiar as household words wherever the light of medical science has spread, and thought, and still think it would be "*puerile*" to occupy almost a whole number of our journal, to the exclusion of valuable matter of general interest to our readers who are graduates of schools in every section of the country, with a list of names of distinguished graduates who have gone out from this city, when we could refer them to documents where these details had been appropriately published, and we respectfully ask our confreres if we were not right.

The legions who have gone forth with their honors from this city have made American medicine what it now is,—are now generally the teachers, or have taught the teachers who now proclaim the science from the very *numerous medical centres* of the country, New York among them. American medical science has taken its impress from the institutions and medical literature of Philadelphia.

The *Press* is still desperately endeavoring to convince its readers that New York is the *medical centre*. We alluded recently to the fact that quite a number of cities and villages claimed this honor, and perhaps each *is* a medical *centre* around which revolve certain satellites, but still they in their turn revolve around a *great centre* from which they have received their light and vitality. These *centres* still get the best of their books and teachers from this city. The best teachers in the New York *centre* appreciate the advantage of having their works published in the GREAT MEDICAL CENTRE, and some creditable volumes by them have recently been brought to light by our publishers.

We regret that our remarks have caused the *Press* to discontinue publishing "distinguished names," because we fear that unless they publish them, the world will never get to hear of them. We offer to republish them at fair *advertising* prices.

Correspondence.

Philadelphia, Feb. 28, 1859.

Editors Medical and Surgical Reporter,

GENTLEMEN: In your last issue your Boston correspondent, C. E. B., institutes a comparison between Prof. Dalton's Physiology and the Dublin Lying-in Hospital Report; and after pouring out unlimited praise upon the former, to which I have not the slightest objection, he proceeds to criticise the latter in a sneering, I might almost say, insulting manner.

He begins by stating, that although full of facts which make it valuable, "one cannot fail to see that the words are imperfectly made." I am at a loss to understand what the gentleman means by "making words." A little further on he says: "Every page is full of errors in diction, which no English scholar can have patience with, and which *is* not to be excused as an Hibernicism, as the introduction would lead us to suppose."

If you will take the trouble, gentlemen, to examine the grammatical construction of the above sentence, you will at once perceive

what an accomplished "English scholar" your Boston correspondent is, and how competent such a gentleman is to criticise the errors which he says are to be found in the Dublin Lying-in Hospital Report.

"I have just finished the reading of two books," writes C. E. B. in the beginning of his letter: while again he says,—"*We* cannot help thinking that this case of convulsions was hysterical, while at the same time we feel that the observer has only left out something which made him know the contrary." C. E. B. would do well to bear in mind for the future the old saying, that "stones should never be thrown by those who live in glass houses." Your correspondent next begins to talk about ergot, and trembles at chloroform.

"One feels, too, with such meagre accounts, that ergot was often unnecessarily administered, and he trembles at the constant mention of chloroform." Here then is a book "full of errors in diction," reports inaccurately made, "meagre accounts," &c., and yet "of value to the profession."

Will C. E. B. be good enough to inform me how he managed to arrive at such a conclusion? Before attempting to criticise such a work, your Boston friend should have rubbed the scales of prejudice from his eyes; had he done so, I am confident that he would have had a very different tale to tell. It is a well-known fact, that the gentleman who fills the office of Master in the Dublin Lying-in Hospital is imperatively required to be not only an accurate observer, but an accomplished scholar. I think, therefore, that the "errors in diction," as well as the "meagre accounts," are somewhat mythical. However, be this as it may, there was not the slightest occasion for your correspondent's sneer at "Hibernicism." Such language, to say the least, is very unbecoming, and very much out of place in a letter intended for publication in a journal devoted to medical science.

Trusting that you will give this letter a place in your journal, and that you will pardon me for thus trespassing upon your time and attention, I have the honor to be, gentlemen,

Your obedient servant,

WILLIAM FLYNN, M. D.,
17 N. Nineteenth st.

Incompatibles. — The *Congregationalist* says that a little boy, at Haverhill, died of "*Croup* in its worst form," while *singing* a hymn!

Periscope.

New Method of Treating Deformities from Fractures.—The *Chicago Medical Journal*, February, contains an article on this subject, by Dr. Daniel Brainard, originally addressed to the Society of Surgery of Paris.

The method proposed consists in *weakening the bone by subcutaneous perforation, and causing it to soften by inflammation thus excited*, and then straightening it by force applied gradually or suddenly by the hands, at some period afterward.

The propriety of the operation was inferred from the results of some experiments on living animals.

The only case treated in this manner was that of a boy aged three years, who received a fracture of the leg from a fall when he was three months old, which was left to shorten without any treatment. At the time of the operation the leg was three inches shorter than the other, presenting an angularity forward, and the lower part of the tibia rested upon the dorsum of the foot. A perforator one fourth of an inch in breadth was passed in two different directions through the tibia at the point of fracture, but a single puncture being made through the skin. After the perforator was withdrawn, a piece of adhesive plaster was placed upon the puncture, and a light bandage placed around the limb. An attempt was then made to rupture the callus, with the hands of the operator, but after the use of as much force as was considered safe, it was found to be entirely unyielding. Some inflammation followed without suppuration, and at the end of ten days another effort to straighten the leg was made. At that time a very moderate degree of force, applied by the hands, was sufficient to cause the callus to yield. The limb was then placed on a carved splint, with foot piece, and a roller drawn as tightly as could be borne across the projecting angle. At the end of four weeks the limb was straight, with but slight overlapping of fragments, and the cure complete.

Dr. Brainard states that by perforation and the inflammation thence resulting, bones may be so much weakened as to be bent and partially broken, like stems of green wood, with the application of but little force.

A bill to remove the Quarantine Hospitals from Staten Island is now before the New York Legislature, and it is thought will be adopted.

FOREIGN TRANSLATIONS.

By THEODORE A. DEMMÉ, M. D.

Herba Agrimoniæ for diseases of the Mouth and Fauces.—This herb is recommended by Feichtmann as being peculiarly serviceable in a class of diseases which is very apt to try the patience of both physician and invalid.

In certain individuals there is a tendency, which is particularly excited after fatiguing speaking or singing, to irritation and inflammation of the fauces: the sense of dryness and soreness in the part, the accompanying cough and the great tendency of this condition to become fixed and habitual, demand a prompt and efficacious treatment. For this purpose, the herba agrimoniæ is introduced to the notice of the profession: A strong decoction, ℥ss of the herb to f ℥ xii of water, boiled down to f ℥ viii, should be used as a gargle every hour.

There are in the United States two species of Agrimonia, both of which are very abundant, the A. eupatoria and A. parviflora. The former is no doubt the one that is referred to by the author.

Local application of the Chlorate of Potash.—M. Millon, as the result of great experience, entertains the opinion that the process of cicatrization is greatly promoted by the external use of the chlorate of potash.

Not only is it beneficial in wounds, in which it promptly arrests too rapid a suppuration, and destroys any odor of putrefaction, but it exercises an emphatically curative action in varicose ulcers, hospital gangrene, and even over cancerous ulcerations a favorable influence is exerted.

The modus applicandi is very simple; charpie wet with a saturated solution of the chlorate is laid upon the part and renewed two or three times a day; silk oil-cloth should be placed over the charpie to retain the moisture.

At first the application causes much pain, which, however, in the course of 15 or 30 minutes, disappears.

Chromate of Potash for Warts.—Dr. Blaschko speaks in very high terms of the above application of the chromate of potash.

It is slow but certain in its effect, destroying the wart in from three to four weeks.

℞ Potassæ chloratis gr. ij.
Adipis ℥j.

To be applied morning and evening.

Local application of Hydrochloric Acid.—Prof. Kletzinsky, after careful investigation of the local effects of hydrochloric acid, announces that it increases the cutaneous respiratory activity, and stimulates the capillaries and lymphatics. He deduces the following applications:

1. In frost-bite, both as a cure and prophylatic: it overcomes the stagnation in the capillaries.

2. In excessive perspiration of the hands and feet.

3. In many diseases of the skin, particularly in follicular acne.

4. In removing callosity, thickening and discolorations of the skin: it may be regarded as an invaluable cosmetic.

At first the acid should be applied much diluted, the strength gradually increased.

It may be diluted with water or glycerine.

Medical News.

APPOINTMENT.—At a meeting of the Managers of the Pennsylvania Hospital on Monday last, Dr. John Forsyth Meigs was elected one of the physicians to the Institution, in place of Dr. W. Pepper, resigned. As already an eminent and accomplished physician with industry and intelligence, this opportunity for hospital observation will be appreciated by him and the appointment will prove creditable to the Institution.

Anæsthesia.—The following preamble and resolutions were unanimously passed at the meeting of the Medical Society of the city of Hartford, on Monday evening, Feb. 7, 1859.

We understand that it is the intention of the Society to bring the subject to the notice of the American Medical Association at its next meeting.

"In view of the former and more recently renewed attempts to deprive the late Dr. Horace Wells, of this city, and his family, of the honor and any reward which might be given them for the discovery and development of the principle of anæsthesia as applied to surgery; and in view also of the efforts made and making to induce unreflecting yet generous individuals to pecuniarily recompense other claimants, we, the Medical Society of the city of Hartford, many of whose members were personally acquainted with Dr. Wells, participated in his experiments, and were conversant with the

facts from the first, feel it our duty to pass the following resolutions:

Resolved, That having examined the testimony which has been presented in favor of the claims of Dr. Horace Wells, that he originated the idea, and was the first effectually to demonstrate the practicability of inducing a state of insensibility for surgical purposes, by the use of substances inhaled, we feel assured that such was indisputably the fact, and that to withhold from Dr. Wells the credit of this discovery, which he generously gave to the world without fee or reward, is unjust and dishonorable.

Resolved, That to bestow pecuniary recompense or honors of any description upon those not entitled to such testimonials, to the neglect of the deserving, is a discouragement to virtuous action, and we entreat all who are besought to contribute to other claimants than Dr. Wells, that they candidly examine both sides of the question, believing that if this is done, the cause of truth, which has labored heretofore under many discouragements, will triumphantly vindicate itself.

Resolved, That we consider it unworthy any member of an honorable profession, that he should support claims for a patented article, while Horace Wells nearly two years before proclaimed the discovery of the principle of anæsthesia, demonstrated its power, gave it freely to the world, and at Boston, in the very amphitheatre of the medical school, urged its use upon the medical faculty.

Resolved, That the pamphlet called "Anæsthesia," or the testimony upon the subject, arranged by the Hon. Truman Smith, collected from a multitude of our fellow citizens of the highest respectability, is a most satisfactory defence of Dr. Wells' claim, and to it we would refer any who are in doubt as to the rightful discoverer of the aforesaid principle, believing no unprejudiced person can arise from its perusal with other views than those held by this Society.

Resolved, That the thanks of this Society be given to the Hon. Truman Smith for his able, honest and zealous defence of the truth, and for his aforesaid work on anæsthesia, a work which deserves the thanks of the whole profession and of every lover of justice.

Resloved, That in approving the foregoing resolutions, we are in no way actuated by any other motive than that desire for truth which should always govern our profession; that the desire of establishing the claim of Dr. Wells for the aforesaid discovery, does not arise from the fact that he was a resident of our city, or that this discovery reflects honor upon it; but we feel that this defence is a solemn duty devolving upon us as a medical body, for on whom should it fall unless upon those personally, and best acquainted with all the circumstances of the case, who witnessed the birth of the great idea, and watched its full development.

Resolved, That a copy of these resolutions be transmitted to the Hon. Truman Smith, and that they be inserted in the daily papers of this city. O. E. FULLER, *Clerk.*"

The Medical Board of Bellevue Hospital, New York, have awarded the Wood and Elliott prizes for the best specimens of anatomical preparations, as follows: The first prize of $50 to M. Mariano C. de Socarras, of the University School, for a male pelvis; the second prize of $25 to Mr. J. B. Bromly of Connecticut, of the New York Medical College, for a section of the human frame displaying the blood-vessels and nerves; the third—the Elliott—prize of $50, was awarded to Mr. Edwin Addison Hervey, of Bentley, N. Y., a student of the University, for a female pelvis.

Commencements.—The Dental College of this city sets the ball rolling this year. It held its annual commencement on the 1st instant, when twenty-five young gentlemen received the degree of Doctor in Dental Science —D.D.S. The valedictory, delivered by Dr. J. H. McQuillen, was able and appropriate to the occasion. The class this session has numbered about fifty.

On Wednesday March 2d, the commencement of the Philadelphia College of Medicine was held, on which occasion seventeen young gentlemen had the title of M. D. conferred upon them. Dr. J. A. Meigs delivered an eloquent valedictory before a large and respectable audience.

The commencements of the other colleges will be held as follows:—that of the Pennsylvania, to-day, March 5th; of the Jefferson Medical College, on Tuesday the 15th; and of the University, on Thursday the 17th.

The commencement of the New York Medical College was held on Tuesday evening, March 1st. The degree of Doctor of Medicine was conferred by Dr. Horace Green, the President of the Faculty, on twenty-five graduates. Prizes for the best theses were awarded to Messrs. Hugo Stangenwald, of the Sandwich Islands, and Edward S. Dunster, of New York.

MARRIAGES.

MICHAEL.—STRICKLER.—In Greencastle, Franklin Co., Pa., Feb. 22d, Snively Strickler, Esq., to Miss Helen Josephine, daughter of Dr. Charles Michael.

NOYES.—In New York, March 1st, by Rev. Dr. Osgood, Dr. James O. Noyes to Miss Kate A. Flint.

DEATHS.

COATES.—In Batavia, N. Y., Feb. 26th, John B. Coates, M. D., an eminent physician and surgeon, of forty-two years practice.

TULLY.—In Springfield, Mass., Wm. Tully, M. D., formerly Prof. of Materia Medica and Therapeutics, in the Medical Department of Yale College, New Haven, and author of a learned treatise on that branch of Medical Science.

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REFERENCES.

George W. Norris, M. D., Surgeon to the Pennsylvania Hospital.
Henry H. Smith, M. D., Professor of Surgery, University of Pennsylvania.
H. L. Hodge, M. D., Professor of Obstetrics, University of Pennsylvania.
Samuel D. Gross, M. D., Professor of Surgery, Jefferson Medical College.
Joseph Pancoast, M. D., Professor of Anatomy, Jefferson Medical College.
S. Littell, M. D., Surgeon Will's Hospital.
E. Hartshorne, M. D., " "
A. Hewson, M. D., " "
D. Hayes Agnew, M. D., Surgeon to Philadelphia Hospital.
R. J. Levis, M. D. " " "
Isaac Hays, M. D.
P. B. Goddard, M. D. 118

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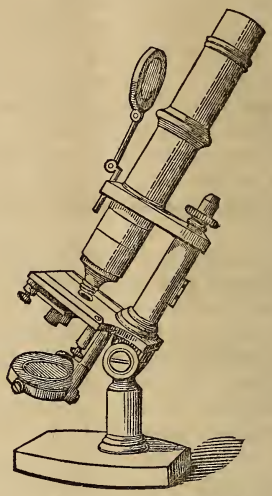

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Edenton, N. C. 122 Editor.

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 125. PHILADELPHIA, MARCH 12, 1859. NEW SERIES, VOL. I. NO. 24.

Original Communications.

Penetrating Wound of the Neck.

By Joseph Fithian, M. D.,
Of Woodbury, N. J.

The following case is reported, not because of its desperate character, but for the peculiar physiological phenomena consequent upon the incision.

On the evening of the 16th of October, Thos. Dilks, a young man 22 years of age was stabbed in the neck.

The instrument was a dirk knife about five inches long, and about three-quarters of an inch wide at the hilt. It entered a little below the half way of the neck, between the sterno-mastoid muscle and the trachea. The wound was obliquely across the neck, its course upward and inward. I saw him in two or three minutes after the accident. The blood was pouring out profusely; they had carried him from the street into the house and placed him upright in a chair; his head was swaying about, and he nearly or quite insensible; I grasped the parts, had him laid down and examined the wound. I passed my fore finger in nearly its whole length, along side of the trachea obliquely upwards and backwards, and passed it back of the wind-pipe.

As there were no per saltem jets, I of course supposed that no artery was cut.

On the lower edge of the incision, I could by pinching up the parts arrest the effusion of blood: a ligature was passed around the bleeding end, and the flow of blood was arrested. I then with a needle armed with a ligature, closed the wound by a continued suture; adhesive straps were drawn across it, and ice applied to the parts. He rallied in the course of the night, next morning there was extensive infiltration of blood in the cellular tissue, filling out the neck and extending to the opposite side across the trachea; this, however, disappeared in about three days, being rapidly absorbed. Every thing went on favorably till the 25th; on that day he appeared so well that he was allowed to sit up an hour or two, after having had a severe paroxysm of pain in the opposite arm, which had troubled him very much from the first. He had a return of bleeding to the amount of half a pint or more. After careful examination, we could not find any vessel from which the blood issued, and supposed that some of the adhesions had been torn asunder by the twisting of his neck during the paroxysms of pain. It was again secured by a glover's suture, passing the needle under and over from below upwards; to secure the ends of the ligature, they were passed over the ends of a thin splint laid on the incision, and a little longer than the wound, and tied on the splint; straps of plaster were crossed upon the wound, and lint insinuated under the splint and upon the incision. We had no further trouble. On the 9th of November, he was removed to his home about four miles off.

Drs. Charles and Henry Clark were also in attendance. We supposed the vessel wounded was the anterior-jugular, a vein of considerable size, that sometimes passes from the internal jugular across the neck. The carotid had a narrow escape, it was to be felt just on the external end of the incision.

The peculiarity of the case consists in the arm and hand of the opposite side being paralyzed. The only painful sensation he com-

plained of at the moment of the injury was in that extremity, and a difficulty of swallowing; he suffered from the first, and still suffers pain in that limb. He can use it, but imperfectly, and it is slightly shriveled, his voice too is weak and husky.

The difficulty is to account rationally for a wound on one side of the neck paralyzing the arm of the opposite side. Could the dirk have wounded some of the nerves issuing from the spinal cord that go to form the axillary plexus.

Since writing the above, I have seen a report of a case of February 18th, by Dr. Peace, in the REPORTER, which in some of its features is not dissimilar to the above, and equally inexplicable. I leave it to some of our savans to give the rationale.

On Tuberculosis and its Treatment.

No. 5.

BY GEO. J. ZIEGLER, M. D.,

Physician to the Home for Invalids, with Diseases of the Chest, Philadelphia.

b. Physical Hygiene.—Physical hygiene is all important in the treatment of tuberculosis; indeed it is indispensable for any degree of success either in the mitigation or entire removal of this affection. Its influence alone is sometimes sufficiently powerful to remove the tuberculosis and restore the healthy condition. It is therefore worthy of special study, but as it is too extensive to do full justice to it within the limits assigned to this essay, we shall not attempt to do more than present a general outline of the prominent principle and facts more immediately connected with the disease in question. With a view, therefore, to the better appreciation of the subject in its special relations to tuberculosis, we shall treat of the different branches separately, and endeavor to render them as definite, comprehensive, and practical as possible. First then among the objects of primary and fundamental importance is that of dietetics or aliment.

1. *Aliment.*—Certain elementary and basic substances are combined for the organization and development of the living body. In the organic processes, however, a constant destruction and elimination of these component substances of the economy take place, and hence it is necessary to secure a regular and equable supply of this elementary matter to prevent the destruction and preserve the existence of the organism. To build up and keep in repair therefore the vital economy, a constant supply of these basic or component elements are required. But for the purpose of introducing this nutritive matter into the system, and of insuring its transformation and final incorporation with the economy, certain organs and processes are necessary. Hence, it is not only requisite that there should be a due supply of nutritive matter, but that it should be properly transformed and assimilated. These organic processes for the metamorphosis and vitalization of the food become, however, very frequently deranged, and constitute various forms of disease, prominent among which is tuberculosis. In the treatment of these diseases, therefore, and more especially the one just mentioned, it is necessary to pay particular attention to the subject of aliment and alimentation, in order to correct these derangements and restore the health.

The questions then involved in the dietetic management of tuberculosis, relate not only to the quantity and quality of the alimentary matter, but also to its digestibility and assimilability, as its immediate and ultimate metamorphosis and final organization is the great object in view. The main difficulty in tuberculosis is the failure of this transformation and organization, and hence it is essentially a disease of starvation. In consequence then of this state of dystrophia, the food should generally be composed of substances rich in nutritive matter, and capable of being readily transformed and assimilated. It should, moreover, contain a due proportion of the different varities comprised in the albuminous, oleaginous, saccharine, and other forms of alimentary matter, requisite for the several organs, tissues and functions of the body. The quantity, quality, variety, and form of the materia alimentaria must, however, be governed by the various circumstances of age, temperament,

climate, idiosyncrasies, habits and modes of living, occupation, exercise, condition of digestive organs and general system, activity of the nutritive and depurative processes, stage, intensity and peculiarities of the disease and character of the morbid changes and complications, and other circumstances. Hence in the selection and adaptation of the food, special attention must be paid to the peculiar condition, general wants, and special requirements of the particular organism affected. Much harm may, however, result from an excess as well as from a deficiency of food, in overtaxing the digestive and other organs, and if digested, in overcharging the blood vessels, which thus receiving more than can be appropriated, eject it in the form of exudation. This may then undergo tuberculization and thus increase the intensity of the original disorder.

For alimentary purposes a great variety of articles, solid and liquid, animal and vegetable, nitrogenized and non-nitrogenized, may be resorted to with advantage. Among the most nutritive and valuable are the finer varieties of meat, poultry, game, fish etc. Also, eggs, milk, cream, butter, and various other articles of an albuminous and oleaginous nature. Also, the different varieties of amylaceous and saccharine substances, and more especially the latter as they do not, like the former, require so much transformation, and hence do not tax the economy to the same extent for their metamorphosis and appropriation. Resort may also be had to the acidulous and other fruits, according to the season and wants of the system, when not contra-indicated by the morbid condition of the alimentary canal and general system. Various other articles are also employed for alimentary purposes, a more particular notice of which in their special application to the tuberculous affection will be given hereafter.

The different articles of aliment may be so combined and prepared as to not only promote their metamorphosis, and supply in the highest degree, the wants of the economy, but also so as to prove useful in modifying the abnormal and in restoring the normal condition. The best and most nutritious substances may, however, be rendered not only inefficient, but absolutely injurious, both to the digestive organs and general system, by faulty preparation. Hence it is highly essential that particular care should be taken in the preparation as well as in the selection of the food.

A very important point in the treatment of tuberculosis, and all other adynamic affections, in which the nutritive processes are much impaired and the vital forces low, is to introduce the alimentary matter in such a state, that it requires the minimum effort of the digestive organs and general economy to transform and appropriate it. Hence, special attention should be paid to the form in which food is introduced into the body, so as to insure both its immediate and ultimate metamorphosis and perfect assimilation, with the least expenditure of force. Thus, by the use of food in a finely divided and highly concentrated state, according to the necessities of the case, a much more equitable and harmonious action of the different organs may be secured, and much power be reserved for the various special and general purposes of the economy.

Much rich and valuable alimentary matter containing all the nutritive elements in a very favorable state for easy digestion and assimilation, might be readily obtained from sources which are now greatly neglected. This neglect is a consequence partly of education and partly of natural aversion, though doubtless still more of prejudice. If, therefore, these objections could be overcome, a very rich and nutritious aliment, especially for invalids, might be obtained from the blood of animals. This has been already effected to some extent, in the use of blood in the form of blood puddings. Its use might also be still further encouraged by its admixture with various amylaceous substances, or by the formation of an extractum sanguinis, like the ext. carnis. Still more benefit might be obtained from the use of the warm blood itself, as well as the warm milk, directly from the animal, as these contain the very quintessence of aliment, at a temperature most favorable, and in a state which would require the least effort for their digestion and

appropriation. These not only supply the solid, but also the liquid elements of nutritive matter, in a condition peculiarly suited to a state of debility of the digestive and assimilative organs. It is therefore a subject for practical consideration, whether the use of warm blood as well as of warm milk, directly from the animal, may not prove very useful adjuvants in the hygienic treatment of tuberculosis and all other diseases of an atrophic nature.

Of the nutritive value of warm blood immediately from the animal, there is no doubt, as it has been frequently resorted to as a means of obtaining food and sustaining life, and has also been employed to a limited extent in the treatment of disease. With regard to the advantages and nutritive importance of fresh warm milk, it is sufficient to refer to the fact that the young of the mammalia thus obtain all the pabulum requisite for support and growth for some time after birth. Besides, abundant evidence is presented of its value from its frequent employment for both hygienic and therapeutic purposes, in every period of life. Valetudinarians should therefore be encouraged to resort more frequently to these promising agents for the relief of disease and the restoration of health.

Another liquid which forms an essential article of aliment, is water. This is, however, too frequently used to excess, especially by those predisposed to or afflicted with tuberculosis. This affection is very apt to be attended with inordinate thirst, dependent most probably upon the inefficient cell action and deficient secretion. The desire for this liquid should therefore be controlled as much as possible, as the large quantity usually taken debilitates the alimentary canal and interferes with healthy digestion and nutrition, and besides, unduly promotes disintegration. The excessive use of this and other liquids should therefore be carefully guarded against, and, when required, should be taken in small quantities at a time, and by sipping rather than in large and copious draughts. This morbid thirst may be partially alleviated by the use of saccharine, acidulous, or mucilaginous drinks; and, also, by glycerine, either alone or in conjunction with other liquids.

Other articles in the liquid form, such as coffee and tea, are much employed for invigorating and nutritive purposes, and when not used so freely as to disturb the regular processes of the economy, may be of service in tuberculosis, in retarding destructive metamorphosis, and in giving support to the system. If, however, the view be correct that milk causes a precipitation of the active principles of these substances, and thus gives rise to nervous disturbances, they should be taken without the addition of that fluid. Indeed, milk might often be substituted with advantage for these beverages.

Various condimentary articles are also in common use, such as the peppers, mustard, and the different spices. As these are, however, so very apt to overstimulate the stomach, and increase the thirst, it is better not to use them habitually in tuberculosis, but merely to resort to them occasionally to aid the digestive organs and nutritive processes when they become unusually inert. Chloride of sodium is also another article in common use. It should be freely used, as it is not only a valuable aliment, but also a stimulant tonic and antiseptic. It is especially useful in promoting digestion, absorption, hæmatosis, nutrition and depuration, and besides in supplying elements for the gastric, hepatic, and sanguineous fluid.

The Dispensary Physician.

By J. M. Boisnot, M. D.

One of the Physicians to the Northern Dispensary, Philadelphia.

"The proper study of mankind is man;" and as he who bears the title which heads this article, is supposed to belong to that general class, it may not be amiss for us, in the beginning, to limit our studies to that which concerns us most; that commencing our charity at home, we may the better extend it, and at the same time carry out what appears to be the proper sequel to the poet's idea, the proper man to study is, thyself.

The position held by a Dispensary physi-

cian is not one of such standing, that I should seek to give it as a subject the prëeminence, but as each one of us sees different cases of disease, and perhaps uses different treatment, why not give a glance of comparison at the notes recorded in the diary of the brain, and see the result? Each one, as he travels from day to day among the poor and sickly of our city, should be a "chiel amang them a takin' notes;" and though it might seem useless, he should "prent 'em" too.

The medical knowledge of the Dispensary physician, as well as his experience, might be compared to fine gold dust obtained by washing,—there is so much work to be devoted to the acquisition of a small amount, but that small amount is of great value; let us then be careful that the valuable is not lost sight of, amid the masses which experience justifies us in neglecting. The principal points of interest connected with him, whom we have reduced to a subject, seems to be—the disadvantages, the advantages, and the position as benefactor to the destitute. We place the disadvantages first, because they are what we first meet with, when we enter the ranks to labor for the public good; and I have no doubt that many have thought for some time that it was all a disadvantage, especially if the life of an M. D. had always been looked upon as one of easy times, no trouble, and plenty of pay, the last perhaps being the most particular item.

The thought of entering the home of poverty, and attempting to allay the sufferings of a child whose light of life seems ready to be extinguished by the foul air, in which it is expected to burn brightly, has perhaps been first suggested by the reality; he who takes this post, had better shut his eyes to the niceties of the profession, and be prepared for the difficulties; they will come hand in hand, amid the urgent labors of the summer's day and the toils of the winter; he must expect to go at the call of the mother, whose child she and the women in the "coort" say has "wurrums," as well as to him who lies burning with the fever of over-exertion, induced by the labor requisite for the support and maintenance of his family; he will attend through the long months of a chronic disease, and at last go unthanked away; he will often go in obedience to the request of some Irish mother, who speaks of her child as "jist kilt intirely with the trowing off which he tuk last avenin," and find in addition to his already wearied feeling, that he has been compelled to visit a child running about, and having but slight diarrhœa; or at night he may see a man suffering from cramps and rheumatism, and next morning find him breakfasting, on poor tobacco and still poorer whiskey; or, leaving this wretched class, he may visit some "corner house, second story front room, entrance at the side," where some young miss may decline his services, because she saw him as apothecary at the Dispensary one time in the past. Methinks he has an exalted opinion of himself and profession, as he walks away—not privileged to prescribe. These few examples may hold a place among the disadvantages attendant upon the Dispensary physician; they are little things, when viewed disinterestedly, but who of us has not felt them to be of considerable moment when they were enacted; they are the trifles met with in life, and the stumbling blocks in the pathway of science. Patience as a virtue, and *patients* such as all hope to have, who can rightly estimate a physician, will soon place us where these things will remain only as among those that were. The advantages arising from the Dispensary practice are, the medical experience we acquire in a comparatively short time, the knowledge of the most convenient form of medicines, as well as their effects, and the pathological information afforded by autopsies. Medical tact in treatment is an acquirement not easily attained among the refinements of the wealthy, and yet it is very important; there is much that we acquire, which nothing but the hospital could furnish; and I sometimes question, if even it would furnish a greater diversity of diseases than we see, individually, in our practice.

We have the privilege of noting the best combination of medicines, and can at any time step into the drug department of our institution, and compound for ourselves what

we have any diffidence in prescribing; it is thought by some that we have not as good opportunity for observing the effects of medicines in this class of patients, as among those who pay for services, for the reason that they are neglectful in remembering the orders, or irregular in fulfilling them. In but few cases have I found this so; and when it has occurred, it has not been very difficult to make my visits more frequent, and attend to it myself, which could not very well be done, where it is supposed your charges will be in accordance with the number of visits made.

If I have been impressed with one idea more than another, in regard to the kind of medicines to be employed in the treatment of this class of persons, and which I wish to suggest to my colleagues, it is to avoid those which have a tendency to impoverish rather than enrich the blood, to depress rather than elevate the powers of life; and when depletion is necessary, to give the preference to local instead of general.

In referring to the autopsies, I place them among the advantages in a pathological sense. We have been enabled to clear up many mysteries connected with cases that are so obstinately unyielding to treatment—the advantage extending through us to those similarly affected, subsequently.

That the Dispensary physician is a benefactor to the destitute, who will dispute? However unpleasant the task may sometimes be, who of us has not felt the inward feeling of satisfaction, and duty performed, as he has walked away from the hut of misery and sickness. By the dictates of reason we strive to alleviate the pangs of disease, and by the light of education and science attempt to replace it by health. Often we see our endeavors rewarded, and our hopes confirmed by recovery. This occurs alike with the poor and the rich; and though we should fail and death conquer, we know that, if we have done our duty, it is but the close of a life we could not lengthen.

☞ The Medical Society of the State of Pennsylvania meets in this city on the 25th of May next.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

Service of Dr. Gerhard.

WEDNESDAY, MARCH 2.

Bronchitis.—A patient laboring under inflammation of the bronchial tubes offered an occasion for making some valuable remarks upon this disease. The term bronchitis has been restricted by several writers to the higher grades of inflammation of the bronchia; the term is applicable, however, to every shade of inflammation.

In its milder forms particularly, it is a very common affection; it is often designated as a *cold.*

It prevails most commonly during spring and autumn; cases, however, are met with at all seasons of the year. There has lately been quite an epidemic of the disease prevailing.

The general symptoms of bronchitis it is not necessary to repeat. The location of the pain of bronchitis and of pleurisy is often almost diagnostic of the two affections; in the former the pain extends across the chest, but in the latter is almost invariably felt under the nipple.

The Physical Signs.—In exploring the chest, the back part of the lungs should be preferred, owing to the larger mass of pulmonary tissue that we are able to sound.

The characteristic signs of inflammation of the bronchia are the sonorous, sibilant and mucous rhonchi: the latter is generally more distinct at the lower portion of the chest, in consequence of the mucus gravitating.

Treatment.—We must be altogether guided by the grade of the inflammation and the strength of the patient. Very few cases require bleeding from the arm: cupping is often eminently serviceable. If the inflammation is very high, tartar emetic may act beneficially as a potent sedative. The expectorants that have been found most useful are the syr. of squills, tr. of lobelia and paregoric. We generally order a mixture containing equal parts of the above, of which a teaspoonful may be given every two to four hours. Occasionally opium may be ordered with great advantage.

Post Mortem—Tumor in the Brain.—The following history of this interesting and valuable case has been furnished to us by Dr. A. H. Smith, Resident Physician to the Pennsylvania Hospital.

John B., aged 48, native of England, music teacher, entered the hospital Dec. 29, 1858.

Four months previous to admission he was suddenly conscious of a loss of power in his left side,

by the dragging of his left leg. He had been perfectly well before, though never robust. He was a man of temperate habits and regular course of life; of considerable education and natural ability. He had had no disease of any serious character; and his attack was not preceded by any apoplectic or epileptic seizure. This loss of power gradually increased, and with it an impairment of intellect.

When admitted he was emaciated, with a distressed expression of face. He was barely able to walk, his left leg dragging behind him. The whole left side was affected; his tongue protruded toward the right side. The only muscles of the left side not affected were those of the eyeball and lid. On the right side the voluntary power was unimpaired, but there was a partial loss of sensibility in the right side of the face. The right pupil was contracted more than the left, though the sight was good equally in both eyes. Bowels very costive.

About a week after admission the paralysis on the left side became complete, the sensibility of the right side of the face was entirely lost; though motion on the right side and sensibility on the left were unimpaired. Bowels obstinately costive; occasional nausea.

On the 27th of January he was attacked with erysipelas of the face, which yielded to treatment in about two weeks. At the same time his right eye became glazed, and an ulcer appeared on the cornea, which refused to yield to the most active treatment. The sight of this eye continued good until the opacity of the cornea interfered with the transmission of light.

On the 10th of February he became completely unconscious, and continued in constant stupor until the 27th, when he died.

His mind was gradually weakening from his first admission. The paralyzed side was always warmer than the other. There was throughout his disease, so long as he was able to express his feelings, a painful sense of constriction across the forehead. Appetite always feeble; bowels always obstinately constipated, even after the discharge of urine became involuntary.

There was never any rigidity of the muscles on the paralyzed side; no spasmodic action.

Post Mortem Appearances.—On the right side of the brain there was a large tumor the size of a pullet's egg, occupying the place of the right optic thalamus, which was almost entirely obliterated. The nature of the tumor will be determined by the aid of the microscope; it very much resembles an encephaloid tumor. Below the tumor there was a slight effusion of blood.

On the left side there was another tumor, smaller than the first, apparently an offgrowth therefrom: it was no doubt the pressure upon the fifth pair of nerves of the left side that caused the paralysis of sensation upon the corresponding side of the face.

The above case is of value not only to the pathologist, but to the physiologist.

PHILADELPHIA HOSPITAL.

Reported by Thomas W. Foster, M. D.

Service of Dr. Penrose.

Vaccination.—According to previous arrangement, Dr. Penrose brought before the class a large number of children, some of whom had been vaccinated every day for three weeks previous to the lecture, thus exhibiting the vaccine vesicle in all its stages, as well as the influence exerted upon it by constitution or idiosyncracy.

The lecturer referred to the history of smallpox, its terrors as a plague, the happy influence of the operation of inoculation in lessening them, since not more than one out of five or six hundred died after inoculated small pox.

In the latter part of last century Dr. Jenner, a physician largely engaged in inoculating for smallpox, noticed that in certain agricultural districts many of the laboring class were incapable of receiving the disease. Upon further investigation, he ascertained that these persons attributed their immunity to a disease which they had received from the cows, in milking; which affection seemed to be constitutional, and gave rise to a vesicular eruption on certain parts of the animal; on the udders, these vesicles were ruptured in the act of milking, and their contents coming in contact with the hands of the milkers, produced sores of a peculiar character. After some further remarks upon Jenner's investigations on the subject, it was stated that the first operation for vaccination was performed in 1794, and that in a very few years it became universal. A drawing was here exhibited, one of three sent to this country by Dr. Jenner, giving a comparative view of the smallpox and cow-pox, in their different stages.

The experience now of more than half a century, proves that vaccination is not a perfect protection against smallpox; perhaps about half of all those vaccinated are *absolutely* protected, the other half being, after the lapse of a variable period, liable to a modified form of small-pox.

There are two methods of vaccinating, one from the recent scab, the other from the lymph taken either directly from the vesicle on the arm, or carefully preserved on points or threads, or glass. Dr. P. generally preserved the fresh scab. The operator can not be too particular about the cleanliness of his lancet and glasses, the accidents following vaccination almost always depending on carelessness

in this respect. The best age to operate is from the fourth to the sixth month; the preferable season, spring or fall; during teething it should not be attempted, unless urgent necessity exists.

Two children were now vaccinated, one from the scab, the other from the vesicle from the arm, and the different operations described. Occasionally we meet with individuals who seem unsusceptible to vaccination from the scab, in such cases we should always use the matter from the fresh vesicle. Should this attempt fail, the presumption would be that the individual was unsusceptible to small-pox.

Fifty children were now introduced, and the different phases of the vaccine disease carefully pointed out, the lecturer calling the attention of the class to the modifications produced by constitution and idiosyncracy.

The lecture was concluded with some remarks on re-vaccination, in which it was advised always to re-vaccinate in epidemics of small-pox, especially the young, from 10 to 25 years of age.

PENNSYLVANIA COLLEGE OF DENTAL SURGERY.

Service of Dr. Suesserott.

Extraction of a Tooth from the Antrum.—Mr. Herman Rottenstein, a member of the class, presented himself to be operated upon for what appeared to be a tumor or a tooth of the superior maxillary. Externally it was nearly of the size of a half hickory nut, and situated above the right lateral incisor, and immediately below the right ala nasi. The right central incisor was wanting, and he does not recollect whether it ever appeared. After he was sufficiently etherized, an incision was made through the soft parts to the alveolus, and the part laid open. A chisel was next used to remove the alveolus, but it was necessary to remove but little, as it was very thin. There was now seen what appeared to be the root of a tooth; this was laid hold of with a sharp forceps, and extracted without much difficulty. This was the right central incisor, and had a very peculiar shape. About one-third way up the fang from the neck of the tooth it turned directly backward and entered the antrum—the crown of the tooth being at right angles with the fang

This case had been examined by a number of eminent dentists and surgeons, both in this country and in Europe, and pronounced by some to be a bony tumor, and by others a tooth. Some who probed it were of opinion that it was a tumor, from the fact that the resistance given to the probe was not smooth, like the enamel, but rough, like a bony tumor.

There is another fact worthy of notice, which might have led some to believe it was a colloid cancer, had it been probed so as to give vent to some of the gelatinous fluid which came out freely after the operation. This case is interesting, not only from the peculiar shape and position the tooth took, but from a difficulty to arrive at a true diagnosis.

Service of Dr. Goodwillie.

Abscess of the Antrum of Highmore.—Mrs. H. B., aged about 40 years, has a discharge of pus from the right nostril; has also had severe pains in the upper part of the alveolus of the right side of the face, extending to the lower part of the orbit, ear, temples and muscles of the cheek. Her health has suffered a good deal in consequence. About five months since an unsuccessful attempt was made to extract a molar of that side. Two months afterward, the discharge of pus commenced from the nostril.

Treatment.—The decayed teeth and fangs were removed, and as no opening appeared from their sockets to the antrum, one was freely made through the palate bone, by the socket of the second bicuspid, with a sharp trocar. A mixture of water, tincture of myrrh and kreosote was introduced into the antrum with a syringe. The opening into the mouth is kept open by a bougie, for the escape of the pus. As the patient is weak, tonics are given to support the general health. This case, although a severe one, is progressing favorably.

Medical Societies.

NORTHERN MEDICAL ASSOCIATION OF PHILADELPHIA.

FRIDAY EVENING, Nov. 26th.

Dr. Mayburry, presiding.

Subject for Discussion—TYPHOID FEVER.

This subject was again brought up by request of many members.

DR. L. P. GEBHARD volunteered a paper, giving some of his views upon the subject. Of this we give the following abstract.

DR. GEBHARD remarked that the name *Enteric fever*, as given to this disease by Dr. Wood appeared inappropriate, inasmuch as the symptoms which manifest themselves early in the disease indicate that it originates within the parietes of the abdomen. Although the symptoms are somewhat different from those of ordinary enteritis, still dissection shows not only a diseased state of the glands of Peyer, but also of the whole intestinal canal; even the liver, kidneys, lungs and brain show a participation in the same diseased action. It is a fever of a peculiar

character, both in its incipient stage and in its entire progress. It makes its appearance in a very insidious manner, being often so slow and mild in its symptoms as to deceive both the patient and his friends as to its formidable nature. When fully formed it is equally deceptive, and, if not simultaneously, is gradually and consecutively involving almost every organ in the body, from the brain to the kidneys and bladder. It is, therefore, a disease which requires not only strict scrutiny in the investigation of its symptoms, but also the most mature reflection and consideration of the physician, in order that he may properly and effectually treat it.

As to its diagnosis, it seemed to him clear that its insidious and mild attack, together with its complications in its progress, and its ultimate protractedness, would enable us to decide, without much difficulty, the nature of the disease. Concerning the prognosis, more difficulty exists; the sudden transitions which sometimes unexpectedly occur, in the progress of the disease, render any opinion uncertain.

Treatment.—In this portion of his remarks, he would merely allude to a few cases among many that have fallen under his care, without pretending to give an account of all the symptoms connected with each particular case.

Nor would he allude to any cases which occurred in his early practice, when the disease was denominated *nervous* fever, although the same complications and protractedness existed then as now; though he was persuaded that the same prostrate state, or that which would be properly called the *typhoid* state, did not then exist to the same extent as at present, and consequently the same treatment, to a certain extent, was not required.

A young man called at his office, Nov. 30th, 1850; he had been complaining for several weeks of debility, loss of appetite, diarrhœa; his muscular strength, however, still enabling him to walk about; skin hot and dry; headache, pulse 120, tongue furred. Dr. G. advised a recumbent posture immediately, and from that time attended him for five months, through the mazes and sinuosities of a most perplexing attack. During this period the brain, lungs, liver, kidneys, and bladder, became consecutively involved; the fever was first continued, and then remittent. He took calomel in small doses, and as soon as the remissions appeared, sulphate of quinia was employed. During the course of the disease he became quite œdematous, when the calomel was again exhibited in $\frac{1}{8}$ grain doses, till slight ptyalism ensued, when the œdema disappeared, and convalescence immediately succeeded. The protractedness did not arise altogether from the inability to relieve the symptoms, as, in several instances, he was apparently convalescent, and then some inadvertence, such as a little exertion, or improper food, would cause a relapse. The peculiarity, in this case, appeared to be the great susceptibility to frequent relapses, which may be in some measure accounted for from the fact that the whole alimentary canal is affected by disease; which is evinced by the furred tongue, loss of appetite, nausea, tenderness and pain of the abdomen, and diarrhœa, all which indicate that the whole mucous lining of this canal is more or less diseased, from the very commencement. This diseased action becomes gradually seated, and so incorporated with those parts, that it requires a length of time to restore them to their normal state. Until this is effected, the least impropriety is capable of producing a relapse, which could hardly be produced in ordinary cases, or where the change from health is more sudden.

Aug. 30th, 1851, a case presented itself in a lad æt. 13, and which continued until Nov. 11th, ere he became convalescent. Three days afterward, a younger brother, aged about 11 years, was attacked similarly, and remained ill till Feb. 13th, 1852. The latter did not contract the disease from his brother, as he first became indisposed in the country. Both recovered, and with constitutions both mentally and physically better than they enjoyed prior to the attack. This fact he mentioned, as it has been supposed that such protracted cases, where the brain was so much involved, were liable to result in deterioration of the energies, both mentally and physically, so as to continue during life. The treatment was similar to the first, varying, of course, as symptoms might require; commencing, however, with calomel, as the sheet anchor in this formidable disease. From the light-colored and peculiarly offensive discharges, we can see that the liver is materially affected; not secreting a sufficient quantity of bile to enter the bowels and stimulate them to a healthy action. This evidence of the improper action of the liver has induced Dr. G., usually, to commence with mercury.

If now called upon to visit a patient laboring under this disease, his course would be something like the following. If diarrhœa was present, he would order $\frac{1}{3}$ or $\frac{1}{4}$ grain of calomel every two hours till the discharges became less frequent and offensive, and darker. Should the diarrhœa still continue, after 3 or 4 grains had been taken, he would add as much opium as might be required to check it. This being accomplished, he would employ febrifuges, as nitrate of potassa, neutral mixture, spt. of nitre, etc. If pain and tenderness of the abdomen supervened, and the state of the system would warrant it, cupping might be employed with great advantage, taking from 4 to 6 ounces of blood; leeches might be applied, if the patient ob-

jected to cups. In many cases, however, sinapisms if applied early, followed by hop poultices have been found useful and sufficient to entirely relieve this symptom. Pain in the head is frequently complained of, and if the pulse is strong and fever high, bleeding will be beneficial. Often, leeches applied to the temples are sufficient, in conjunction with purgatives. Ice in a bladder to the head is frequently of immense service. If the patient complains of pain in the regions of the kidneys, a sinapism over the part, or a few cups, will produce the desired relief. Again, we may have a very irritable bladder with difficult micturition, the urine being passed in small quantities, here we may have recourse to diuretics, and counter irritation over that region. In about a week or ten days if the disease continues to increase, a dry and dark tongue not unfrequently succeeds the previously moist tongue, denoting thus the commencement of the typhoid state. In such a case, the oil of turpentine has been used with signal success, and sulphate of quinia will be found advantageous should a remission occur. In this stage of the disease, Dr. G. much prefers quinia and oil of turpentine to the use of alcoholic stimulants, as the latter are apt to affect the brain injuriously, Should the system become very low, we may be compelled to resort to such stimulants, and often find good results. Yet such prostration seldom occurs in a real case of typhoid fever.

Dr. Fort particularly noticed one symptom, the subsultus tendinum, as enabling him to determine at an early stage the character of the disease. This he rarily failed to observe. In a short time meteorism set in, together with diarrhœa, and other peculiar typhoid characteristics.

Dr. J. R. Bryan thought that if stimulants were employed, *alcoholic* preparations were not the best, and he was therefore much pleased with the views on that point expressed by Dr. Gebhard.

Dr. Curtis asked if enteric fever was the proper name, and whether the disease of the glands of Peyer is the disease itself? We are taught, it is true, to look to the bowels for the disease, but he was not satisfied that this was entirely correct. A paper appeared some time ago, in the Lancet, which stated that those cases were generally fatal in which diarrhœa appeared at the commencement, and conversely, a more favorable result followed, when constipation was present. The reason for this may be, that the diarrhœa produced more debility. One curious idea he remarked upon, which was, that when we have diarrhœa we are apt to give calomel and blue mass to produce an action of the liver, and thus arrest the discharge; yet, when the patient is costive, we again resort to blue mass and calomel to produce action of the liver, and induce a relaxation of the bowels. Concerning the treatment, he thought that the less we do the better for our patients, with the exception of sustaining the system early, when circumstances would seem to require it; we might even bleed, cup or leech, but there should be strong indications before we have recourse to depletion in any form. He would rather employ tonics. In fact he questioned the efficacy of medicines in this disease. There appears to be but little absorption, and various articles do not seem to produce the same effect noticed in other diseases.

Dr. Osler believed that the time had not yet come when we could determine precisely the cause of the group of symptoms which we call typhoid fever. These symptoms run a certain course, and the disease is a formidable one in a large majority of cases. He did not consider any treatment applicable to all cases, though there are a few remedies which he considered as peculiarly serviceable in this disease. He had seen gratifying results from the application of cups to the abdomen; even dry cups being often all that was requisite. For the pulmonary affection, the muriate of ammonia was of great service. At one time he relied much on the black sulphuret of mercury, and thought it a valuable remedy. Latterly he had emyloyed, with much success, opium, sometimes combined with ipecac. With this combination, which he thought excellent, he had obtained the happiest results; particularly was he pleased with its effects upon the brain, producing less cerebral disturbance than he had anticipated. If we had for typhoid fever such a remedy as quinia is in intermittent, it would certainly be a source of much gratulation. He was led to this remark by the fact that there was a remedy, for which this specific power is claimed, and which he had employed in one case with exceeding good results. This is the *yellow jessamine*, of which he employed Tilden's tincture in doses of five drops.

In other diseases, he had been pleased with its speedy effect in reducing fever. In the case mentioned, he had continued it throughout, and thought it had a peculiar control over the febrile disturbance. Of course, one case was not reliable as evidence in a matter of so much importance. Dr. Jackson had written a little work, in which he stated that he considered active vomiting of much value in this disease. Dr. O. had come to the same conclusion, that the best thing in the outset, are active purging and vomiting.

Dr. Demmé mentioned that at the Pennsylvania Hospital, he had seen several cases, under the care of Dr. Wood, who had their heads shaved and blistered; having been on entering, in a comatose condition. The blister had great efficacy in rousing them from this stupor, while at the same time, all the other symptoms improved. In each case the entire scalp was blistered.

Dr. Woodward had noticed in a portion of the remarks, a reference to the pathology of this disease and as he had given some attention to this part of the subject, in the course of his examinations, he felt called upon to give his contribution to the general fund. He would call attention to the question of the genetic relation of typhoid and typhus, and these again to the plague. Rokitansky and other pathologists were disposed to look upon the essential condition of these three diseases as the same; the symptoms differing merely according to the seat of the lesions. There is a deposit of a peculiar grayish white matter in the glands, preceding the ulceration. This is composed of a transparent matrix, in which are numerous globules of fat, which are most numerous, when softening has progressed to some extent. These are similar to what is observed in encephaloid cancer &c. Rokitansky asserts that in plague and typhus fever, we have this same deposition. In plague in the superficial glands of the groin and axilla; in typhus, in the bronchial lymphatics, and even in the lung itself. In several examples of typhus, Dr. Woodward had found this deposit in the bronchial glands, but never in the lungs. However, the fact of Rokitansky having observed it there, is sufficient. The relation existing between these diseases is the same as that of scrofula and phthisis. Another point he would remark upon, was the sequelæ of the disease. In the Philadelphia Hospital he had seen about twenty cases. In two, he had found a deposit of tubercles in the lungs and brain, terminating fatally in a short time.

Another sequela has been mentioned, a peculiar affection which is alluded to by Rokitansky. The patient is convalescent, going about the house, when suddenly there are noticed spots of *purpura* making their appearance on various parts of the body; these must not be confounded with petechiæ. Hemorrhage occurs from the mouth, gums and bowels, and if not arrested by active means, death speedily ensues. Quinia is relied upon in such instances. This had been observed in the southern part of the United States, and in Germany.

Dr. Wittig thought he had succeeded in causing this disease to abort by the employment of calomel. Emetics might be applicable early in the disease, to clear out the bowels, where there may be present some injurious matters. He instanced an occurrence in Switzerland, where, at a festival, over 500 persons were suddenly taken ill with typhoid fever, after having partaken of some stale meat, and many died. On dissection, they exhibited changes throughout the entire body, as a result of the morbid injesta. Here no doubt emetics would have been eminently serviceable.

Is this disease contagious? We know it is infectious. It does not protect the patient from a second attack as in known contagious diseases, but rather render them more liable. The ulcerations are not the result of inflammation, but of a deposition below the mucous membrane, an infiltration of the parts; we may have congestion and subsequent inflammation, but not generally. He had tried injections of nitrate of silver in cases of ulceration, but not as an antiphlogistic, merely as an astringent, to heal the parts. Occasionally, he used acetate of lead with great benefit, and others have employed tincture of iron.

Dr. J. R. Bryan would ask Dr. Woodward what practical deductions he made from his observations. Are these appearances, etc., the cause or the result of the disease? Dr. Woodward replied that he had not the slightest idea that the local lesions are the cause of the fever. Rokitansky says typhoid fever is a disease of the blood, and the deposition is a result of that modification of the blood, the same as in carcinoma, and other deposits. Dr. W. had seen, four years ago, a large number of patients in Edinburgh, laboring under typhoid and typhus, all placed together in the same wards indiscriminately, in the Royal Hospital. They were considered as the same and treated alike, alcoholic stimulants being largely employed.

Dr. Wittig, having been a student of Professor Henlé, who was an adherent of the stimulant method, observed that even he had used calomel largely in these cases. Stimulants will not generally do at first, but are better at a later period. Good nourishment is of the greatest importance, and he preferred wine and broth, with quinia to arouse the system.

Dr. Osler had long been accustomed to restrict his patients to the very lowest possible diet. Some years ago, a gentleman read a paper before the American Medical Association, in which he strongly insisted on *nutritive diet*, and especially those articles which require mastication. It seemed, according to him, important that all the functions should be be kept going on. This had been acted on by some, and with good results. Dr. O. had followed this plan, when his patients were in a condition to masticate, and it had produced good rather than harm.

Dr. Curtis had read this paper, and tried it in the case of a strong young man, who had been sick about ten days. He was in a stupor, and Dr. C. gave him *beef steak*, cut fine, and he masticated it well. He had not taken this many days, before he was anxious for the time to come when he was allowed his food. He took quinia, blue mass, and opium. A consultation in this case was held with Dr. Goddard, who agreed to the use of the steak. Dr. C. never saw a patient with typhoid get up more rapidly; when the fever was spent, he got well all at once. It might have been owing to the constitu-

tion of the patient, but Dr. C. was inclined to believe in the beef-steak.

Dr. Demmé had always given sufficient nourishment, and this seems but reasonable; the fever being one of an adynamic form, we should by every means keep up the strength. He gave albumen itself, and various preparations containing it, beef essence, quinia and iron in large quantities. He never saw great depression, and all his patients with this disease recovered rapidly.

Dr. Mayburry repeated what he had said on a previous occasion, that he was exceedingly rigid in reference to diet, throughout the progress of the disease, and believed it bad practice to give, in the beginning of an attack, solid food, which requires mastication. Even later, in the course of the disease, where stupor and other cerebral symptoms exist, (which is not unfrequently the case,) there is an utter inability to masticate. Besides, in the early stage, when there is considerable fever, he generally found a loathing of food, and the patient would not take it when offered. In this, which may be called the inflammatory stage, he usually gave food that was simple and unstimulating, easily digested, and fluid in its character, such as mucilaginous drinks, and the various farinaceous articles. Later in the disease, as the patient requires and craves it, he gives broth of chicken, mutton, or, preferably, beef-essence, and gradually ventures on these latter articles in substance. His invariable rule, however, is, throughout the course of the disease, to select such articles only as are most easily digested, and that form the least amount of excrementitious matter.

In illustration of the injurious effects, even in convalescence, of unsuitable food, and over-indulgence, he related a case which occurred nine years ago. It was a mild attack, yet all the symptoms which are regarded as pathognomonic were present. The disease had run its course regularly, and the patient was apparently convalescent; the fever had subsided, the pulse had become natural; tongue clean and moist, the diarrhœa ceased, his appetite had returned, and every thing seemed to favor a speedy and perfect recovery. His food had consisted, up to this time, mainly of the feculæ, with broths. One day having expressed a great desire for a pigeon, he was allowed the broth of it to begin with. But on the Doctor's visit on the following morning, he was surprised to find that his patient, not satisfied with the broth, had "finished it to the bones," and remarked that he had made a "glorious meal" of it. At that visit slight excitement was observed, and in the afternoon of the same day a severe pain set in, which become excruciating, and was confined to the triangular space embraced between lines drawn from the xiphoid cartilage to the umbilicus, and the margin of the lower rib, on the *right* side.

By request Dr. Janney was called in consultation, but neither he nor Dr. M. could account for the symptoms presented so suddenly. Diarrhœa returned, accompanied with alarming hemorrhage, and profuse sweats. Prostration and death ensued. An autopsy was made by Dr. H. H. Smith, in the presence of Drs. Janney, G. W. Patterson, and the speaker, &c. At the seat of the pain nothing was found to account for it. A number of ulcers, principally in the ileum near the ileo-colic valve were observed, some of which had penetrated to the peritoneal coat. They were satisfied that the hemorrhage came from one or more of these ulcerations, as they looked as if they had been nearly healed, and their surfaces again irritated by something passing over them. All the blood found in the intestines was also below these points. Dr. Smith related at the time a somewhat similar case which had occurred in his practice, and in which he attributed the fatal termination to over-indulgence in oysters, after convalescence had been apparently established.

Mercurials, he thought, answered very well in the early stage, but his experience was opposed to that of his friend who read the essay: in his (Dr. M.'s) hands they did not check the diarrhœa. So also in regard to purgatives. He would be afraid to resort to these even though the brain was involved. He usually found a great susceptibility to their action. He said that he had observed this susceptibility in a greater or less degree during the present season; that even in other diseases purgatives operated freely and in astonishingly small doses. With the views, therefore, that he entertains of its pathology, he doubts the propriety of the free use of purgatives under any circumstances. He believed that the lesion in the intestinal canal was one of the principal anatomical changes. The spleen was also very often involved, being found enlarged, and softened. So the mesenteric glands. There is no question but that bleeding may be proper in certain cases.

In reference to the subject of contagion, he remarked, that he had never known it to be communicated to the attendants, or to have become the centre or point for the extension of the disease; whereas the reverse was observed in typhus, yet, under peculiar circumstances, a number of cases may occur consecutively in the same family or vicinity, the same causes that produced the one, remaining operative and producing the others.

Dr. Curtis thought in the case mentioned, the eating was an overdoing of the matter. The patient had shown too little care in taking so much. No doubt, it passed out of the stomach, in an undigested

condition. In cases of dyspepsia, etc., we often find the patient digesting solid food, when broth is not acted on by the stomach, and this argument would apply here. When food is not digested in these cases, loathing of that article is observed afterwards. But in the case, where the beef steak was given, the patient always afterwards declared that beef steak was the best thing in the world.

DR. BRYAN thought diet an important thing. We often fail by not directing sufficient attention to the nutrition. Many, doubtless die for want of it. We have no guide, but must allow common sense to govern us. He believed that he had known cases that had died, when they had craved food, but the attendants were afraid to give it. We should listen to the animal instincts which will often serve as sure guides.

Concerning venesection, he would say that patients seem different from former times, and we should be careful in this respect, at least, not to premise with venesection, unless there was very great congestion of the lungs or brain. He had never seen it present the appearance of contagion.

DR. WOODWARD, in allusion to the use of albumen as nourishment in such cases, said that it was formerly believed to be digested in the stomach. A year ago, the French Academy had found that when it was perfectly homogeneous it was digested in the stomach, and part absorbed, while part passed on, and absorption went on through the whole length of the tube. But when the food was complex, like beef steak, the larger part of the meat passes down from the stomach undigested.

DR. DEMMÉ gave, as his reason for giving albumen, that he desired digestion to take place wholly in the stomach, and thus spare the intestines. Farinaceous articles were therefore contra-indicated, as they are affected by the whole intestine.

DR. WITTIG, concerning the feeding of patients, argued that we must attend to the bladder and draw off the urine, as the patient does not know its condition, or make it known, and, on the same principle, we should attend to the nourishment.

DR. MAYBURRY by no means wished to be understood as starving his patients, but always adapted the character and quantity of food to the particular condition of the patient. If they require support, he gave them the best diet, and in what he believed the most nutritive and concentrated forms.

Adjourned.

A Medical and Surgical History of the British Army in the Russian War has been published by the British Government as a blue-book. The first volume gives a medical history of the individual corps; the second, an account of diseases, wounds, etc.

Reviews and Book Notices.

ESSAY ON THE TREATMENT OF CATARACT. By MARK STEPHENSON, M. D., Surgeon to the New York Ophthalmic Hospital, etc. pp. 26.

This is an essay in pamphlet form, with five lithographic drawings, extracted from the last volume of the Transactions of the American Medical Association. It is a valuable production, giving the author's opinions, deduced from extended observation, on some of the controverted principles in the treatment of cataract, and a condensed statement of the most modern views of the subject. Dr. Pancoast's method of operating is detailed in full.

Copies may be had in this city by applying to Mr. Watson, Janitor of the Jefferson Medical College.

Price 25 cents — proceeds of sale to be applied to the benefit of the Hospital.

We have received the following prospectus:

"The Philosophy of the Natural Language of Forms. By J. F. G. Mittag.

"An original work under the above title, in one volume octavo of about 400 pages, will be published whenever a certain number of subscribers shall have been obtained. It is an analysis of nature into her simple forms, and an exposition of the laws by which she is governed in composing her different means of addressing us. The theory being new, and involving a vast extent and a great variety of scientific, æsthetical and historical matter, illustrated by 150 drawings, including the heads of different animals, as well as those of some of the most remarkable men of ancient and modern times, is eminently calculated to interest every class of readers.

"Appended also to the work is a brief of the craniology and physiognomy of animals and men, by the ancient Greek and Roman philosophers, containing the principles upon which their wonderful words of art were composed. ☞ Price $2.50."

Names of subscribers can be forwarded to the author at Hagerstown, Maryland.

Municipal Meanness.—It has been recently ascertained that the orphans and foundlings under the *care* of the city of New York, who are given out to be nursed at *one dollar a week*, are generally starved or drugged to death with narcotics, by their nurses.

Periscope.

FOREIGN TRANSLATIONS.

From the German, by THEODORE A. DEMMÉ, M. D.

Atropia in Epilepsy. — Dr. Max Maresch (*Wienztschr.*), Physician to the Vienna Hospital for the Insane, gives a favorable opinion in regard to the efficacy of atropia in epilepsy. He was induced to make this therapeutic application of the alkaloid in consequence of the known effects of belladonna upon the vagus, accessorius, sympatheticus and trigeminus. We are inclined to think that this application of the atropia was an original suggestion—an idea — not a deduction wrung from certain fixed facts as premises.

M. M. prescribed the atropia in 18 cases; 3 were completely cured, and 13 much improved, the attacks being less frequent and violent.

The $\frac{1}{50}$ of a grain was given every morning before breakfast for a period of from 60 to 90 days—an intermission of 30 to 45 days allowed to the patient, and then the medicine again prescribed. It is important that the patient use neither coffee or cocoa, as the active principles of these counteract the physiological effects of the atropia.

In the above dose the usual symptoms of belladonna were produced—the dryness of the fauces, difficulty of speaking, dilatation of the pupils, and, in three cases, a roseoloid exanthem.

Detection of Arsenic in the charred remains of a body.—Dr. Schäffer, in the *Vjhrschr. f. ger. Med.* relates the following:

A woman, æt. 40, who had lived in constant strife and wrangling with her husband, died under very suspicious circumstances. For some time previous to her death she had been laboring under a constant diarrhœa, and was tormented by an insatiable gnawing hunger. Suddenly her symptoms were aggravated, frequent vomiting set in, and finally, amid the most terrible agonies, her soul was torn from the miserable frame.

The husband hearing that a judicial investigation would be made into the cause of his wife's death, set fire to the house, in order that it might be the funeral pyre of the corpse. Nought but a blackened and charred lump remained of what was once a human being; but, in this loathsome, shapeless mass, one organ remained untouched, and that was the *stomach*, and through the chemist, this stomach gave the evidence that arsenic had been given, and, in consequence, the woman had died.

Cure of Syphilis by Vaccination.—Think of something strange—something wonderful—something impossible, and during your own lifetime you may find your most hazardous conceptions transcended by reality.

If, a week ago, the idea had occurred to us of vaccination (not syphilitic inoculation) possibly curing syphilis, we would have given a hearty laugh, and yet we now write the following:—

J. Lukomski (*Gaz. des Hôp.*) has made the discovery, that vaccination protects not only against variola, but against syphilis.

A very short and meagre account is given by the discoverer, who has, however, promised the Academy of Sciences at Petersburg, and the Academy of Medicine in Paris a communication detailing his views and experiments.

Applications of Collodion.—Dr. Innhauser has, during the last two years, used as a local application in erysipelas a mixture of ol. ricini and collodium with the most favorable results; the spread of the disease is arrested, the œdematous effusion prevented, and the course of the disease much less protracted.

Another application of the collodium ricinatum, is made in cases of umbilical hernia in children; steadily, for weeks and months, the skin over and around the hernia is coated with this flexible artificial cutis, with the effect of causing a restoration of the hernial protrusion, and a complete closing of the umbilical opening. During the progress of the case, it is important that the bowels are regularly evacuated, that there may be no gaseous accumulation; crying or screaming by the patient must be carefully prevented.

Finally, a valuable application of the collodium is made in nævi materni. For this purpose 4 parts of corrosive sublimate are added to 30 parts collodium, forming the so-called collodium corrosivum; under this application the affected parts are restored to their normal state, without even a scar being formed.

Another Death from Chloroform is reported by Dr. Avery, in the Buffalo Medical Journal. The operation was amputation of the thigh. Labored breathing and partial failure of the pulse occurred in about one minute after the administration commenced, and the patient died in twenty-five minutes.

From the French, by Ch. F. J. Lehlbach, M. D., of Newark, N. J.

Oxygen in the Blood of Glandular Organs. By C. Bernhard.—Bernhard has brought before the Académie des Sciences (Sep. 6, 1858) his researches in the quantity of oxygen which the venous blood of glandular organs contains in a state of functional activity, as well as in a state of rest, and on the employment of carbonic oxide to determine the proportions of oxygen in the blood. We take our abstract from the *Gaz. Hebdom.* of Sept. 17th.

The use of carbonic oxide, in determining the quantity of oxygen contained in the blood, is based upon the energetic affinity of the former of these gases to the red corpuscles of the blood; such is this affinity, that it is enough to treat the blood with a sufficient quantity of carbonic oxide, in order to liberate all the oxygen retained by the globules. In applying this means of analysis to venous blood of glands, which, according to his latest researches, is red in a state of activity and black in a state of rest, his aim was to determine whether the red venous blood of glands contains as much, or more oxygen, than the black venous blood of glands. The question must be put in these terms, because two hypotheses could be made regarding the cause of the vermillion coloration of the venous blood of a gland in functional activity: It might be thought that the blood was simply arterial blood, which had traveled through the capillaries with a rapidity so great that it had not had time to free itself of its oxygen, and take carbonic acid gas in its place; but it can just as well be admitted, that the red venous blood is ordinary venous blood, with this difference, that it has not remained black, because, it being formed in the moment of secretion, it has by the glandular secretion been deprived of its carbonic acid, which otherwise would have rendered it black, just as when the gland does not secrete and the carbonic acid cannot escape.

An experiment made on the blood of the renal vessels in a dog gave the follwing result:

	Volumes of Oxygen.
Red venous blood,	17.26
" arterial blood,	19.46
Black venous blood,	6.40

In a second experiment 16 in 100 of oxygen was found in the red venous blood of the kidneys, 17.44 in the arterial blood of the aorta, and 6.44 in the venous blood of the vena cava.

The red venous blood of the kidney (and it is presumable that it is the same in the blood of other glands) differs, hence, from ordinary venous blood, in this, that it has not, so to speak, deoxydized itself; and thus the first hypothesis is verified, because this blood has retained the character of arterial blood. However, though this is true as regards the proportions of oxygen found, the proposition is not absolutely true. This red venous blood of glands contains much less fibrine, and less water, than the arterial blood, and it shows itself always more alterable, that is to say, it becomes black much quicker when it has been withdrawn from the vessels.

However this may be, continues M. Bernhard, we see this very singular fact, that it is precisely during the period of functional activity that these glands let the red blood pass through them without deoxydizing it, and also, that while they are inactive, and expel no product whatever, the blood passing through them is black, deprived of a great portion of oxygen, and charged with carbonic acid gas. Here presents itself anew that opposition between the glandular and muscular system, to which I have already so often called attention. In the muscles the venous blood becomes darker and more and more deoxydized, in proportion as the organ has been active, and has undergone energetic contractions; in the glands, the blood becomes red and less and less deoxydized, in proportion to functional activity. But must we consider this opposition in these phenomena as the proof of a radical difference in the processes of nutrition and functions of glands and muscles? In one word, can we say that, while the muscles consume oxygen in direct proportion to their functional activity, it is just the opposite with glands? or must we not, rather, in the face of this singular conclusion, conceive doubts as to the correctness of our manner in defining the functional conditions of glands? This will be my opinion, and I think that these researches lead to a different interpretation of what has been called the state of rest and the state of function of glands, and they have led us to make a distinction between a condition of *chemical*, and another of merely mechanical activity.

Getting at the Root of the Evil.—A writer in the Buffalo Medical Journal reports an operation of castration by a botanic doctor, both testicles being removed, for the cure of spermatorrhea!

Medical News.

The establishment of Government Medical Schools, for the education of Army Surgeons, is being advocated in England. A committee of the Sanitary Commission reported favorably of the subject, and an institution of the kind is to be started at Chatham. Some of the public papers argue that the medical education ordinarily given to civilians is not suited to the exigencies of field service.

Commencements.—The Commencement of the Medical Department of the New York University was held on Friday evening the 4th inst, on which occasion the degree of Doctor of Medicine was conferred on one hundred and twenty-eight young gentlemen by Chancellor Ferris.

The Mott Prize Medals were awarded as follows:—The gold medal to Mr. George K. Smith, of New York; the silver medal to Mr. Luis Fernandez, of New York; and the bronze medal to Mr. Benjamin W. Sparks, of Georgia. The Metcalf prizes were thus awarded:—a valuable microscope to Mr. Peter Bryce, of South Carolina; and a case of *post mortem* instruments to Mr. R. F. Hawthorne, of Alabama. The valedictory was pronounced by Prof. Draper.

The Medical Department of Pennsylvania College held its Commencement on Saturday last, on which occasion the degree of Doctor of Medicine was conferred by the President, Rev. Dr. Baugher, of Gettysburg, on thirty-three young gentlemen, in presence of a large and respectable audience. Dr. Gilbert pronounced the valedictory, which was an able and elegant production.

Dr. R. B. Simmons, of Brooklyn, has been appointed by the Board of Foreign Missions of the Reformed Dutch Church, a missionary to Japan. Dr. S. leaves a growing and remunerative practice in Brooklyn. He will find in Japan an immense and very important field of labor and usefulness.

A druggist in New York has recently been prosecuted for damages by a customer who got some vapor of ammonia in his eyes while looking at the former remove the stopper from a bottle. The jury, who, it may be supposed, kept their eyes shut during the trial, for safety, awarded $250 damages to the plaintiff! but a higher court has since reversed the decision.

Chloroform has been administered *thirty thousand times* in the hospitals of London during the last ten years, for the performance of surgical operations.

A London ear doctor, who promised to "cure deafness in ten minutes," has been compelled to refund his fee, and committed to prison.

There are forty-one medical colleges in this country.

Post Office Delinquencies and Delays.—Remittances of money have failed to reach us of late, from Missouri, Iowa, New York, city and State, Canada, and, we have reason to fear, from other parts of the country.

Some of our subscribers complain of delays in receiving their journals. Subscribers in Camden, even, just across the river, we learn, do not receive the REPORTER sometimes till *the middle of the week following its issue.* The fault is not ours, for we mail the REPORTER regularly to subscribers on Friday evening or on Saturday morning, and many of them should receive it either on Saturday or Monday.

The same complaints are made in this city by subscribers who receive the work through Blood's Dispatch. *Every* Philadelphia subscriber should receive it on *Saturday*, and if any fail to do so, they will oblige us by informing us by note or otherwise.

Erratum.—In p. 409, 2d column, near the top, of our last number, for March 5th, for "Salter," read "Sutton." This correction derives more importance from the fact that Dr. Sutton is the authority who claims to have cured *every case* of delirium tremens among upwards of seventy instances.

MARRIAGES.

BISHOP—LINDSAY.—In Worcester Co., Md., Feb. 16th, Geo. W. Bishop, M. D., to Miss Cora A., daughter of M. N. Lindsay, Esq., all of the above county.

FISLER—DINMORE.—On the evening of the 3d inst., by Rev. Dr. Garrison, Mr. Walter Dinmore, of this city, to Miss Abbie R., daughter of Dr. L. F. Fisler, of Camden, New Jersey.

GREEN—GREEN.—At the residence of Col. J. Thompson Green, near Bishopsville, Sumter District, S. C., by Rev. Henry D. Green, Dr. Chas. H. Green, of Ellaville, Schley Co., Ga., to Miss Elizabeth Jane Green. *Green decidedly!*

WOODS—HOPKINS.—On the 22d of February, by Rev. R. M. Wallace, Dr. Eli A. Woods, of Eakin, Allegheny county, Pa., to Miss Elizabeth Hopkins, of West Brownsville, Washington county, Pa.

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 126. | PHILADELPHIA, MARCH 12, 1859. | NEW SERIES, VOL. I. NO. 25.

Original Communications.

A Case of Protracted Labor, followed by Vesico-Vaginal Fistula—Operation, and Recovery.

By John T. Darby, M. D.,

One of the Resident Physicians of the Philadelphia Hospital.

Mary H., æt. 25; unmarried; temperate, and a Philadelphian by birth, was received into the Philadelphia Hospital in November, 1858, pregnant. This was her second pregnancy, and she came to full time each time. In her first labor she was brought to bed on Monday morning, and delivered the following Thursday morning, of a still-born child; the delivery being brought about, as she says, by the physician in attendance using "forcing powders."

On 29th Nov. 1858, at 3½ A. M., she was placed on the "labor bed." In an examination soon after, the os was found in rather good condition, but the bag of waters projecting in an egg-like form, lead to the supposition that the breech was presenting. Acting on this supposition, force sufficient to feel the portion of the child presenting was not used, for fear of causing an early rupture of the bag of waters.

At 6 P. M., the bag of waters broke, and a definite diagnosis of the breech in a first position could be made out. From the presentation, slowness with which the os dilated, the previous lingering labor, and small size of the pelvis, it was concluded that the labor would be tedious. My colleague, Dr. Dashiel of Virginia, concurring in opinion with me, concluded to remain, at my request, and throughout the labor his assistance was given, with such a spirit of interest and knowledge of the case, as to merit my thanks.

30th. At 2 P. M. the fœtus was expelled as far as the umbilicus; the breech, posterior portion of the thighs, and feet were discolored from effused blood into the tissues, caused by long continued pressure in their passage through the pelvis. There was no pulsation in the cord, and the circulation, which would have been checked, *cæteris paribus*, from the long pressure on all the soft parts, was effectually stopped from the peculiar relation which existed between the position of the cord to the feet—the hollow of one foot held the cord upon the instep of the other—a position which must have checked, during the pains, all circulation. The strong pains of the woman could effect expulsion no further, so Dr. Dashiel introduced his hand and pulled down the left arm. To effect a similar state of things with the right arm was not so easy as anticipated, for the forearm was bent at an acute angle, causing the hand to rest on the side of the head. The elbow was carried upwards and backwards, by the contractions of the uterus endeavoring to expel the head and arm together, causing the elbow to lodge and become so firmly impacted, as to render it a fulcrum in pushing the head of the child from the oblique to the transverse diameter, and at the same time, by thus elevating it, to destroy flexion and depress the occiput. Want of power in the hand prevented the arm from being withdrawn from its position, so I concluded to use the fillet, and after much difficulty in its application, (from the small size of the woman, and height of the arm above the superior strait,) with considerable force used,

the arm was brought down with two folds of the cord encircling it. The posterior fontanelle could be felt, whilst the chin was so much elevated as scarcely to be touched by the finger. Knowing that, under such circumstances, the child could not be born, it was resolved to change the position of the head to the oblique diameter, and produce flexion. The change from the transverse to the oblique diameter, was effected by introducing the right hand and pushing with two fingers upon the occiput, to elevate it, and using force synchronously with the forefinger being placed on the left lower maxillary bone. Sufficient flexion could not be produced by the hand, owing to the impossibility of using requisite force on the occiput, now raised above the superior strait, together with the small size of the woman, preventing the hand, after being placed on the malar bones, from acting with leverage sufficient to bring the head down from its position. Seeing all means fail by hand, I introduced the blunt hook, and completed the delivery at 5 P. M., 37½ hours from the time the woman was placed on the "labor bed."

So soon as the child was extracted, alarming hemorrhage followed. I introduced my right hand, and found the placenta partially expelled from the uterus into the vagina, and kneaded the uterus with my left hand. Clots of large size were taken from the uterus, rigid contractions then followed, and were kept up by pellets of ice being placed in the vagina and continued friction over the hypogastrium. This hemorrhage was concealed, and due, I think, to the placenta being detached when the right arm enveloped with the cord was brought down. The head and placenta acted as a tampon in preventing the escape of blood until the head was removed, as shown by a clot as large as the placenta being attached with them. The child weighed 9½ pounds, and measured in length 22 inches from crown to heel, and 15 inches from crown to tuberosities of the ischii.

This case is interesting from its complexities; presenting an example of lingering instrumental complicated breech labor, and at the same time followed by vesico-vaginal fistula. This fistula did not appear until the 21st day after delivery; the woman passing her water naturally, and without pain or difficulty, up to that time. Long continued pressure of the fœtus on that part of the bladder where is situated the *trigonum vesicæ*, produced the fistula. The opening was triangular in shape, with the base upwards, and measured in altitude about five lines, with a base perhaps a line longer. So soon as the parts had become sufficiently hardened to warrant an operation, it was performed, on February 14th, 1859, by Dr. Agnew, one of the consulting surgeons of the hospital. The operation was similar to that performed by him in a previous case, an account of which was given in the REPORTER for February 12. An aperient was given on the night previous to the morning of the operation, and the woman being put under the influence of a mixture of ether and chloroform, she was turned on her face, brought to the edge of the bed with her hips elevated and supported. In this position by the use of Sims' speculum and exposure to a good light, a fair view of the fistula was obtained. The edges were then pared and five silver sutures passed, which respectively were brought out of the vagina. By the two ends of each suture being passed through a perforated steel disc, made and described by Sims, which was run down to the fistula, and pushed with sufficient force to bring the now pared edges of it in close apposition, the bladder was made watertight. A perforated shot was then strung as a bead on each suture, run down as far as necessary to keep the parts *in situ*, and clamped with forceps. All the sutures being collected then together, were passed through a tube of of gutta percha, three inches in length, to prevent irritation of the vagina; a catheter was introduced, with a tube of the same material attached, to allow the urine to pass into a bottle sunk in the bed between the patient's legs. An anodyne was given, and small doses of opium continued for several days, to prevent any action of the bowels. The patient was kept on her back, and light diet, chiefly farinaceous, with four ounces of port wine, was given per diem. On the eighth day the su-

tures were removed, (three of which had cut themselves out,) and there was found a perfect cicatrix. Her bowels, on the day following the removal of the sutures, were opened by an enema and a slight laxative. The catheter was allowed to remain for five days after the removal of the sutures, and the patient made to keep her position on the back.

Too much attention cannot be given, in cases of this kind, to the catheter; it becomes so filled with the mucous discharges of the bladder, as to prevent the escape of urine, thus causing the bladder to become distended and a slackening of the sutures when the water is withdrawn. In this case, the catheter was removed morning and evening, and thoroughly cleansed by a syringe being introduced, and water injected through it. On the sixteenth day the patient was allowed to sit up. She has been taking moderate exercise in the ward for several days, and now, on the twenty-seventh day since the operation, is in as sound condition as before her delivery.

German Appropriation of American Medical Discoveries.

By T. A. Demmé, M. D.,
Of Philadelphia.

The desire to discover something new, though not the highest motive that should actuate a man is yet laudable,—but to take the invention or discovery of another, and by clothing it in a new garb of words pass it off as one's own, is to say the least contemptibly mean.

Suggestions of another may lead to a train of thought that will ripen into fruit—we know that even Shakspeare's most splendid productions were but the development of germs sown by persons who were strangers to him—but to cut down the full grown grain that another's care and toil and attention has raised is dastardly.

We have uttered these thoughts in consequence of noticing that many most valuable inventions and discoveries of Americans have been seized upon by trans-atlantic aspirants and palmed off as their own. Sometimes without even referring to the original source—often artfully surrounding the just claims in a vague, misty reference, purposely designed to mislead.

It is painful to see men, who may have great reasoning powers, memory, or imagination, but to whom the Creator has not vouchsafed a grain of originality, do a dishonorable act in order to deck themselves with the honor of a discovery.

In a former number of the Reporter we mentioned that a German had seized upon an apparatus for extracting teeth without pain, which was invented and patented in this country, and describes it as his own.

This week we have to notice three cases in which American discoveries have suffered surreptition, and then been re-baptized and re-paternized.

1st. *Animal Charcoal as an Antidote to the Vegetable Alkaloids.*—Dr. A. B. Garrod, of London, was the first who suggested the application of this article to toxicology. To Dr. B. H. Rand, of Philadelphia, is due the credit of establishing by experiment the general efficiency of this antidote in the human subject, in neutralizing most if not all the known vegetable and animal poisonous principles. These experiments were performed upon himself at great apparent risk, and were published eleven years ago.

A German, whose name we have forgotten as it did not strike us as "one of the few immortal names that were not born to die," has by a most wonderful *coincidence* made in 1858 the same *discovery*.

2. *Apparatus for Fracture of the Clavicle.*—In the November No. 1858, of the *Organ. f. gesam. Heilkunde*, we find that a Dr. Fischer describes an apparatus for fracture of the clavicle, contrived about the year 1843. The apparatus is identically the same as that of Dr. Fox, which has long been in use in this country.

3. *Cause of the Crepitant Râle.*—There are two prominent theories entertained in regard to the physical cause of the crepitant

râle: the 1st is that of Laënnec, that the sound is produced by the successive bursting of minute mucous bubbles in the smallest air tubes and in the air cells.

The 2d and by far the more rational is that of Dr. Carr, of Canandaigua, New York, ascribing the production of the sound to the separation of the walls of the pulmonary cells agglutinated by the plastic exudation.

A Prof. Wintrich says that his attention was directed to this subject in consequence of an *article in one of the American Journals, (Dr. Carr's?)* and he would offer the following as the correct explanation of the crepitant râle—and then he gives almost a translation of Dr. Carr's theory. What an astonishing coincidence!

Abstract of Dr. Bell's Address, "Medical Heroism."

Delivered before the Philadelphia County Medical Society, Feb. 24th, 1859.

After a comparison between histologists and historians, in the modified views which the former take of malignant structures, such as cancers, and the latter of such tyrants as Tiberius, Richard III, and Henry VIII, Dr. Bell adverts to the fact of the history of the human organism exhibiting as many changes and revolutions as general history. Sportive notice is taken of the gastronomic powers of a London alderman and the polype hydra; *apropos* of the newly discovered proximate principle pancreatin. Some criticisms are offered on medical education, and on the mistaken views commonly entertained of what is called experience in medicine, taking as subjects for illustration the tongue, and in a more particular manner, the pulse.

Dr. Bell then enters on the main theme of his discourse, viz: "Medical Heroism." He insists on the duty of physicians to merit their professional descent from Hippocrates, the old man of Cos, and the praises conferred on them by eminent writers, both in ancient and modern times. The Greeks, like the Egyptians, believed medicine to be of divine origin. Apollo and Æsculapius are mentioned in connection with this view. Reference is made to the physician and surgeon to the expedition of the Argonauts, which, the speaker is afraid, must incur the accusation of having been of a somewhat filibustering character, similar to those of the buccaneering spirits of the present day, or to that of the age of Queen Elizabeth, both as represented by Sir Francis Drake and his associates. Justice is done to the true character of Hercules, who was one of the Argonauts, as not merely a great gymnic and fighter, but as really one of the earliest of medical heroes, and as a great sanitary reformer; witness his draining the marshes of the Peloponnesus, represented allegorically by his destroying the hydra, the many headed monster, near Lake Lena; and one of his other twelve labors, the cleansing of the Augean stables, by turning into it the river Alpheus.

Leaving the mythical or heroic age of medicine, Dr. Bell enters on the historic, which begins with Hippocrates, the contemporary of Plato and other distinguished men, when Pericles "bore mild sway in Athens." The opposition of the Romans during the first five centuries of the republic, to physicians embodied, as it were, in Cato, the Censor, is described, as also the bitter prejudices of this rough moralist against the Greeks, who at the time furnished Rome with the largest number of practitioners of medicine. Pliny, the elder, is spoken of in the same connection, and his prejudices are noticed as the nativism of that age. Cicero's opinion of medical men is introduced as a pleasant contrast.

Leaving the symbolical figures of heathen mythology, Dr. Bell describes the medical hero in Christian lands, who follows the example of him who has been called the "Great Physician." The speaker then passes in review the exposures and mortality of the Irish physicians in the "famine fever" of 1847. The deaths were seven per cent. or one in every fifteen of the medical practitioners in a single year. Similar sacrifices of life among New York physicians from attending emigrants with typhus fever are next mentioned. The answer is given to the oft repeated question: What are the means of prevention, what the charm by which physicians are so often enabled to walk abroad when death's arrows are flying round them in all directions? A genial tribute of praise is paid to the physicians of Marseilles in the great plague of 1720; and with still greater and more merited emphasis, to the professional devotion of Dr. Rush and others in the yellow fever of 1793; and in our own day to the medical martyrs at Norfolk and Portsmouth.

The speaker asks what restrains from writing a history of Medical Philanthropy, which might compete in interest with that of

Chivalry? The reception of the great French surgeon, Ambrose Paré, by the garrison of Metz, when that town was besieged by the imperialists under Charles V, is portrayed. The rare devotion to duty exhibited by Desgenettes, chief of the medical staff in the army of Egypt under Napoleon, furnishes a theme for comparison between the physician and the military leader, on the score of true heroism in reference to the personal exposures of the two men to the plague, and the motives which influenced them on the occasion. Larrey, who was in Egypt at the same time as head of the surgical staff, is pictured in bright colors and in some detail, for his continued forgetfulness of self, and the zealous discharge of his duties under every kind of exposure, from the burning sands of Egypt to the snow clad plains of Russia.

The scene changes, and the next hero of humanity is Surgeon Thomson, of the British army, who, after the battle of the Alma, volunteered, at the hourly risk of being assailed and murdered by marauding Cossacks, to remain behind, and to take the sole charge of 750 wounded Russians, whom the allied troops were or thought themselves obliged to abandon in their rapid advance on Sebastopol. Instances are next given of the heroic conduct of the medical staff of the British army in India during and after the ferocious outbreak of the Sepoys. The address concludes with a brief, but pithy notice of the noble character of Dr. Kane, and of the merits of Pinel as the reformer of the abuses and cruelty in the treatment of the insane, and the introducer of the present humane, considerate, kind and successful course adopted towards these unfortunate persons. Pinel's first trial of the system of mildness by his entering the cell of a ferocious maniac, whose chains he had ordered to be taken off, is the subject of an interesting description. The scene was indeed a thrilling and a momentous one.

The Consumption Hospital at Brompton, England, has two hundred beds, all of which are now occupied. Two hundred and thirty-five patients have been admitted since the reopening of the institution in November last.

There are at present one hundred and fifty-seven applicants for admission on the list, waiting for vacancies. This is good evidence of the appreciation of the advantages of the institution by sufferers. The Hospital is in good financial condition.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

Service of Dr. Gerhard.

WEDNESDAY, MARCH 9.

Phthisis.—To-day several cases of phthisis will be shown to the class.

The countenance of the first patient that is brought into the amphitheatre is peculiar—the lips being bluish, and the skin dusky, almost purplish, from venous congestion. It need scarcely be observed that this dusky infection of the face is not due to phthisis, but to heart disease. The extremities are œdematous; the abdomen, also, shows the presence of effused liquid.

Ever since the patient can remember, he has had a cough.

Percussion:—Upper part of left lung dull.

Auscultation:—Gurgling, the familiar sound of air passing through liquid—strong evidence of a cavity in the lung. On the right side there are sonorous and sibilant ronchi—indications of bronchitis. The liver is enlarged, projecting nearly two inches beyond the ribs. Over the spleen there is an abnormal sensitiveness.

This case is illustrative of one important fact: that consumption may exist for a very long time without the patient necessarily being incapacitated for his daily avocation; but other diseases may set in, and these may rise into primary importance. This patient is laboring under chronic phthisis, complicated with bronchitis, and, in addition, has dropsical effusion, resulting upon cardiac and hepatic disease.

Treatment.—We shall let the phthisis alone, but attend to the altered state of his blood:

℞ Pulv. ferri gr. x.
Quin. sulphat. ℥j. M.
et in pil. no. x div.

S. One three times a day, and endeavor to remove the dropsical effusion, for which purpose no diuretic and purgative is better adapted than the potassæ bitartratis.

Patient 2d.—A man aged 47—cough over a year.

Phthisis is not confined to any age, though the young are most frequently its victims. The onse of the disease is very varied—in some a slight, hacking cough, without any pain—in others, pain before or during the cough—or, in some cases, hæmorrhage may occur as the very commencement.

But the aspect often betrays the lurking enemy—the haggard appearance and the pallid complexion. This pallor is remarkable. It is not a mere paleness, but a peculiar ashy or earthy hue. If, in ad-

dition, you observe a red flush in the centre of each cheek, you should not be unprepared for the disease.

Now remember, you may often have these general symptoms, and as yet no physical sign, revealed by auscultation or percussion.

We now explore the chest of this patient:

Inspection.—The left side is contracted.

Percussion.—Under his left clavicle, dullness.

Auscultation.—A gurgling and crackling; both caused by the same physical condition—air passing through liquid contained in a cavity.

It is important to distinguish whether this is a natural or an artificial cavity. By the former we mean bronchial dilatations. As a general rule we have no difficulty in distinguishing.

The back portion of the chest is the preferable part to examine in phthisis; for as a rule, tubercles are earlier developed at the upper and posterior portion of the lung. They are also more abundant in this region.

When the lung is consolidated in consequence of tuberculous deposition, the sounds of the heart are conducted along the consolidated tract, and often increased in loudness and distinctness.

This patient has also a slight alteration of the voice. This is dependent upon a diseased condition of the larynx. We sometimes have this diseased (generally ulcerated) condition of the larynx at the very commencement of phthisis. These are the most rapid and trying cases of consumption.

The appetite of this man is good, and the bowels regular; there is, consequently, no evidence of disease of the bowels. He has night sweats, and a chill almost every morning. For these we give quinia; for his cough he takes the syrup of tolu and the syrup of wild cherry bark.

He has used cod liver oil, but as it was heavy and nauseating to him, we have discontinued its use. Cod liver oil is a good nourishment, and in some cases it seems to antagonize the tuberculous diathesis. Cream is often a good substitute for cod liver oil—a tumbler full every day, to which a small quantity of brandy may be advantageously added.

I consider stimulants as a very valuable coadjutant in the treatment of phthisis, but we must weigh well the responsibility we assume in prescribing alcoholic preparations; if we doubt the patient's being able to control his desire for distilled liquids, it is better for us to withhold them, rather than lead him to a drunkard's grave.

As a general rule, women can be most safely entrusted with these stimulants, for, as a general rule, they have not a great fancy for drinking; but—and remember this fact—it is not unusual for them to become opium eaters.

We order porter or brown stout. A good nourishing diet must always be advised.

The most provoking and terrible cases, are where the digestive powers are broken down from the beginning.

The question may be asked, is this treatment striking at the root of the evil? To a certain extent, yes; for tuberculous disease most often occurs in those that are feeble and broken down. There are, however, many exceptions, and in these cases the treatment must be modified accordingly.

Phthisis is a common disorder: all classes of the human family are liable to it. But not only is man subject to it, but the inferior orders of animals; it is not unfrequent in oxen, sheep and monkeys. Carniverous animals are rather less subject to it than the graminiverous.

The disease prevails more extensvely in some countries than in others. It is usual to send patients to the South, but in warm climates we also have phthisis, and often very acute.

But, in cold climates we have very little phthisis, and we may, in consequence, assume that a residence in a uniformly cold climate is better than in a warm climate.

There is another objection to a sojourn in warm countries. The elevated temperature must enfeeble and break down the general health, whilst diseases of the liver are very apt to complicate the pulmonary disease.

Post Mortem No. 1 *Examination.*—The patient was brought into the house laboring under disease of the brain and phthisis.

Right Lung.—There is a large deposition of yellow tubercles, some of which have gone on to softening.

Pericardium.—We have the traces of an old attack of pericarditis (a thick, false membrane, with adhesions, etc.) This is a demonstration that pericarditis is a very curable affection; it may be looked upon as very seldom fatal, per se: but it often produces disease of the heart, which may be the cause of death.

Liver.—As is generally the case in phthisis, it is fatty—almost the color of wax; the knife passes through it as through a solid body, and upon examining the knife after cutting the liver, we find that it is coated with an oily, greasy substance.

Brain.—This patient had paralysis of the left side. We have softening upon the right side of the brain.

Post Mortem No. 2.—This patient died of phthisis.

On the right side there is a great extent of adhesions, causing the lung to adhere to the costal pleura.

In the right lung there are two cavities, which were diagnosed during life, by gurgling, crackling, cavernous respiration and pectoriloquy.

There is a most abundant deposit of gray tubercle throughout the lung.

I consider the gray and yellow tubercles as identical in nature, but in different stages of development. At least two-thirds of this lung were unable to perform duty during the life of the patient.

Left Lung.—There is extensive deposition in this lung, and what is interesting, it seems to have taken place in neighboring lobules at different periods: whilst one lobule is completely broken down, the next is merely filled with scattered tubercles.

It is wonderful, considering the great extent of the disease, that this patient lived so long.

PHILADELPHIA HOSPITAL.

Reported by Dr. Taylor.

Service of D. Hayes Agnew, M. D.

Scrofulous Abscess.—A middle aged man had a tumor on the front of the thigh. It was not a hernia, inasmuch as no succussion was communicated to the hand when he was requested to cough. Its position is also too far down, and besides, no continuity exists between the crural ring and the tumor. It is not an abscess originating in the lumbar region, and passing down in the course of the psoas and internal illiac muscles, for he has never had any pain in the pelvis, or what is of more importance, has never had any alteration in the position of the limb, being always able to keep it extended, and complains of no soreness, pain or alteration in form about the groin. The compressed appearance and resistance of the swelling, induce us to pronounce it beneath the fascia lata; the patient is not aware of having received any injury. Examining the spine, we see a marked antero-posterior curvature, which results from crumbling down of a portion of the bodies of the dorsal vertebræ, in consequence of inflammation. The swelling on the thigh is explained by such an occurrence, and may be regarded as scrofulous. Nothing can be learned of this man's antecedents, but, having been employed in carrying coal on his shoulders, and indifferently fed, the morbid conditions are satisfactorily explained.

In the treatment of this case, I would suggest crutches, to take off the weight of the body from the spine. A soap plaster over the swelling, in order to attempt its dispersion, a good nutritious diet, and one table-spoonful of cod liver oil three times daily. Let this man have also the advantage of exercise in the open air. If we fail to disperse the swelling, and suppuration occurs, then it must be opened and treated as an ordinary abscess.

Ulcer below the Cricoid Cartilage.—This man had a small abscess at the top of the supra-sternal fossa. Although it has been for some time emptied, no attempt at healing has taken place; on the contrary, it is enlarging and becoming deeper, until the edges of the sterno thyroid are now quite visible. The cause of this indisposition to heal, is in consequence of the constant movement of the parts in deglutition, as also in all the motions of the head. It will be proper in this case to apply a little nitric acid to the surface of the sore, in order to excite more activity in the neighboring blood vessels, and maintain the head and neck in a quiet position by a leather stock and bandage, an opening being cut in the stock so as to admit the dressing without its removal. The diet should be nutritious broths, and taken at long intervals; should this fail, the doctor advised incision and the twisted suture.

Ulcer of eighteen years' standing.—The patient was a man of 40 years of age, his straight black hair and copper complexion indicated very strongly an Indian origin. On the anterior or outer part of the leg there was an irregular ulcer of many inches in extent, the granulations pale, insensible, callous, and around its circumference an immense bank of indurated tissue. Dr. Agnew remarked that a condition existed here, which often constituted an obstacle in the way of healing, and that was a mechanical obstacle to the proper supply of blood from the wall of lymph and new formed connective tissue, which together constituted the anatomical constitution of the ridge which surrounds the ulcer. This must be got rid of first, and may either be pared away with the knife, or removed by the pressure of adhesive strips. The last was adopted, and Basilicon ointment ordered to be applied to the surface.

Caries of the Sternum.—A strong-built, athletic colored man was brought forward, with a fistulous opening over the sternum. A probe carried in, communicated the ordinary sensation of dead bone. The cause of this he traced to a blow which had been inflicted several months back, still, notwithstanding the preponderance of cancellated tissue in this bone, and its superficial situation, the doctor thought that a proper interrogation would elicit something more conclusive, as the man was a remarkably healthy looking example of his race. The examination proved that three years ago he had a chancre while living in New York, also enlargement and suppuration of the inguinal glands. A few weeks ago he had a hemorrhage, which the house physician thinks came from the stomach, has no cough, nor are there any of the physical evidences of pulmonary disease. The true history of the case, therefore, may be stated as follows: This man three years ago had a chancre, being neglected, his system became involved, the blow received over the sternum under other circumstances, would probably have been harmless, but now becomes the

exciting cause of an already latent tendency to inflammation. He will be placed on the following

℞. Hydrarg. bichlorid. gr. j.
Iod. potass. ʒj.
Aquæ ℥v.
Syrup. sarsaparillæ fʒj. M.

Table-spoonful twice daily.

Into the sinus, over the sternum, Tinct. iodine may be injected every other day.

Removal of several fingers.—The cause in each was frost bite. In one the power of the ligaments to resist ulceration and mortification was beautifully shown, the articulating ends of the phalanges being held together only by the lateral ligaments, all the other textures having been destroyed.

Necrosis of Radius.—A man about 30 years of age, healthy looking, and without any constitutional taint, had an ulcer over the lower third of the posterior face of the radius. A probe passed in came in contact with dead bone, which was the cause of the constant discharge, and which he attributed to a stroke received several months back. This probably developed a periosteal inflammation, which has resulted in the disease of the bone. Dr. Agnew remarked that in exposing the diseased surface, care must be observed to enter the fissure between the extensor muscles of the thumb and the extensors of the carpus on the radius. An incision was made through the skin and fascia, these muscles separated and held asunder by a curved spatula, and the diseased bone removed, the arm and hand placed upon a splint, and water dressing applied.

Reviews and Book Notices.

"NATURE IN DISEASE," is the title of a collection of various Discourses, Essays, and Miscellaneous writings, chiefly on medical subjects, by Jacob Bigelow, M. D., of Boston, the second and enlarged edition of which we have just received.

As intimated in the title, most of the essays are devoted to an exposition of the recuperative powers of nature in disease, and the rational application of remedies, as opposed to the error of implicitly relying on medication. The principal subjects treated of are—Self-limited Diseases; the Treatment of Disease; Practical views on Medical Education; Report on Homœopathy; the Medical Profession and Quackery; the Treatment of Gout, Cholera, and Injuries by Fire; the Burial of the Dead; Pneumothorax; the Pharmacopœia of the United States; on Coffee, Tea, and Tobacco; the Early History of Medicine, etc. etc. The book is one of value and interest to the profession, and we heartily commend it to the attention of our readers.

The edition before us is dedicated to Dr. Robley Dunglison, of this city. Phillips, Sampson & Co., of Boston, are the publishers.

We have received a copy of the *Valedictory Address* to the Graduating Class of the Philadelphia College of Medicine, by J. Aitken Meigs, M. D., Professor of the Institutes of Medicine, etc. Having had the pleasure of listening to this chaste and beautiful address, we have no hesitancy in pronouncing it one of the most successful efforts of the kind, it was ever our privilege to hear. Dr. Meigs portrayed in elegant language and eloquent manner, the duties and responsibilities assumed by those who seek the honors of the medical profession. Procure and read it; it will repay perusal!

The "*Address delivered at the University of Pennsylvania, before the Society of the Alumni, on the occasion of their 109th Annual Celebration, by Henry H. Smith, M.D.,*" a copy of which is before us, is an elegant historical tribute to the Institution which has the honor to claim the distinguished author as one of its graduates.

The University of Pennsylvania is the oldest literary institution in the United States. Her early history is associated with the primitive learning and patriotism of our country, and the present high literary and social position of numbers of her alumni, indicates the value of her mental training.

The "Transactions of the Medical Society of the State of Pennsylvania, at its Annual Session, held in Lancaster, May 1858," has after a lingering incubation, been received. These annuals lose much of their interest and spirit by such long delay.

The contents are,—Minutes of last Meeting, President's Address, Reports of nine County Societies, Constitution, Code of Ethics, etc.

☞ We have received the Catalogue of the Medical Department of the University of Nashville for the session of 1858–9. The whole number of matriculants is 442.

Editorial.

PERMANENT SECRETARYSHIP OF THE AMERICAN MEDICAL ASSOCIATION.

At the meeting of the American Medical Association, held in Washington last May, a proposed amendment of the Constitution failed for want of a very few votes, which, in our opinion was of sufficient importance to the well-being of the Association, to have secured the *unanimous* support of the members of that body. We refer to the establishment of a permanent secretaryship. The business of the Association is annually increasing in importance, it is widening the field of its operations, and its transactions are becoming every year more valuable. It is exceedingly important that there be an officer connected with that body who is well versed in all its affairs, and who has the ability and the disposition to manage its growing correspondence, oversee the publication of its transactions, and attend to all the various details of business of so widely extended and numerous a body of men.

If there had been time to have given the subject the consideration its importance demanded, we have little doubt that the measure would have been endorsed, and a permanent Secretary appointed. But unfortunately the question came up during the closing moments of the session, and it was thoughtlessly opposed by men who are constitutionally averse to adopting new propositions, and who did not, or rather, perhaps, would not examine into the merits of the proposed change. We trust that at the coming meeting the amendment will be again proposed, and that next year the office will be established.

PHOTOGRAPHY.

The rapid and astonishing progress being made in Photography, lead us to hope that this art may be successfully applied to the illustration of some of the pathological conditions of the human organism, as well as many surgical affections. By means of stereoscopic views, the photographist is giving us representations in nature and art true to the life, thus placing on our parlor tables, perfect delineations of foreign and domestic scenery, and of celebrated specimens of architecture, both ancient and modern.

A correspondent from Maryland asks why this art may not be made to subserve the interests and necessities of medical science in the department of dermatology, by giving exact representations of skin diseases from life, or from specimens in some of our pathological museums. These might be colored to represent nature, properly classified and labeled, and put up in a series, with a stereoscope. To the general practitioner, such a collection properly prepared, would be invaluable, and any one who will successfully carry out the suggestion, would, we have no doubt be well repaid for his time, and the capital employed.

The New York Quarantine Difficulty.—Dr. W. C. Anderson, President of the Richmond County (Staten Island) Medical Society, in a communication to the Commissioners of Emigration, presents the following propositions as a solution of the quarantine difficulties. "A floating hospital for yellow fever patients to be anchored at the Southwest Spit, all other patients to be sent to Ward's Island; and the occupation of the point of Sandy Hook by the general government for warehouses for the storage of infected cargoes—the anchorage of vessels supposed to be infected, to be for the future in the lower bay."

We are indebted to Dr. Anderson for the following description of the hospital ship Caledonia, the Marine Hospital for the port of London, England.

"Her principal dimensions are :—Length of gun deck 200 feet; length of keel, for tonnage, 170 feet 9 inches; extreme breadth, 53 feet 8 inches; depth in hold, 23 feet 2 inches; burden in tons, 2,216. The admission and circulation of a healthful atmosphere have been studied with considerable care, for which end a large portion of each deck midships has been left open, and from the lower decks upwards, open hatches, guarded by iron rails, have been established. At the stern of the

ship are likewise improved galleries connected with the respective docks, and easily accessible, adapted for the convenience of removing patients, when necessary, into the open air; the weather deck is fitted with a number of lantern lights, six feet high, and from its spacious accommodation, forms an admirable promenade for the patients. The forecastle is arranged as cabins for the petty officers of the ship and their families. The poop is occupied by the superintendent, solely. The main deck is laid out in the following manner:—The whole of the after part is adapted as a dining room and general quarters for the principal medical officer, surgeon, assistant surgeon and chaplain; the starboard side is separated by a gothic screen of old oak wood, and is converted into an elegant chapel, capable of containing sixty persons; the port side of this deck is hung with fifty or sixty hammocks, for the accommodation of convalescents, removed from the sick wards, while the fore part of the same deck serves as quartermasters' cabins, female nurses' dining room, carpenter's workshop, dispensary, boatswain's storeroom, etc.

"On the aft starboard side of the middle deck, in close proximity with an open gallery, is a commodious room for surgical operations; the other portions of this deck afford a space for the reception of cases of accident, and cabins for the nurses.

"The lower gundeck contains a museum, quarters for the fever patients, and cabins for the hospital attendants; a portion of the orlop deck is appropriated as a dead house, and is fitted up with a slate table for the purpose of post mortem examinations. This deck also contains the laboratories and hair cutting rooms. Two pumps are fitted in this deck, with an engine hose, in case of fire, serves for washing decks and various other uses. One of the ports has been enlarged four feet square, so as to admit patients in cases of emergency.

"The various apartments of the ship are heated from this deck, with supply pipes laid on each deck, with hot air. Here are also six tanks for containing a good supply of fresh water and stores, and for housing upward of six hundred tons of coal and coke. With this minute attention to the comfort and convenience of the officers and attendants, nothing has been neglected which could secure the well being of the patients, and the success which the medical and surgical department of the floating hospital realize is in a great measure due to the admirable arrangements which could not be so well accomplished on shore.

"In illustration of this fact, I can quote the testimony of the medical officers, to the effect that erysipelas and hospital gangrene, so fatal in the hospitals of London and Paris, are never the consequence of operating in the floating hospitals.—This is a most important fact in point of superior facilities for ventilation and supply of fresh air, so necessary in the treatment of the sick, especially in cases of infectious diseases; and it also affords presumptive evidence of the best kind, that yellow fever might be treated on board the floating hospital without the danger that has been suggested by 'Commissioners for Quarantine removal,' of infecting the ship, and its being retained and propagated, ad infinitum, by bilge water."

☞ In our last, we stated that the Pennsylvania State Medical Society would hold its next meeting in this city on the 25th of May next. We have since seen a copy of the transactions, and learn that the time of meeting is changed to the *second Wednesday in June*. The next meeting will therefore be held in this city on the *8th of June next*.

"THE HOSPITALS OF NEW YORK."

Our brethren of the *New York Medical Press*, in their anxiety to find something to interest and instruct their readers, have given an exhibition of their good taste by overhauling their files of the MEDICAL AND SURGICAL REPORTER. From among all the good things contained in our pages they have exhumed a remark which was intended to bear on the corporators of an extensive hospital of this city, whose doors had been temporarily closed against clinical instruction. If the editors of the *Press* should be as successful in all their undertakings as we were in that, they might well felicitate themselves on their good fortune, for, had they pursued their researches into the literature of the REPORTER, they would not have gone far before they would have found that our efforts were crowned with signal success, and that the wards of one of the largest hospitals in the world had been thrown open to clinical instruction at a mere nominal charge for tickets of admission. But this would not have served the purposes of the editors of the *Press*, who seem disposed to magnify the advantages of their city for medi-

cal instruction—and they are, without doubt, excellent—while they would depreciate those especially of this city.

By the way, our friends are having a great deal to say about the Hospital advantages of New York, why do they not give us some evidence of their value, by more frequent reports of cases in their pages? The Hospitals of New York occupy too important a position, and the physicians and surgeons who serve them are too justly celebrated to be passed by with so much neglect. We know that our readers in all parts of the country would be glad to see reports from them, and if our friends of the *Press* do not do justice by them we shall be compelled to enter the field.

A meeting of the delegates from the Philadelphia County Medical Society to the Medical Society of the State of Pennsylvania, will be held on Saturday, 26th inst., at 4 o'clock, P. M.

The following is a list of the delegates to the next meeting of the Society, which will take place in this city on Wednesday, June 8th.

W. B. Atkinson,	S. Littell,
W. L. Atlee,	W. Mayburry,
J. Bell,	C. D. Meigs,
A. C. Bournonville,	J. A. Meigs,
A. Cheeseman,	A. Nebinger,
D. D. Clark,	G. W. Norris,
D. F. Condie,	O. Osler,
L. Curtis,	J. Pancoast,
T. M. Drysdale,	I. Remington,
A. H. Fish,	J. E. Rhoads,
A. Fricke,	L. Rodman,
W. Gallaher,	P. W. Russell,
W. H. Gobrecht,	J. H. Smaltz,
N. L. Hatfield,	H. H. Smith,
A. Helffenstein,	A. Stillé,
W. Henry,	A. O. Stillé,
S. Jackson,	W. D. Stroud,
W. Jewell,	R. P. Thomas,
A. L. Kennedy,	G. B. Wood,
W. L. Knight,	J. H. Worthington,
J. F. Lamb,	Total, 41.

☞ Our friends of the *New York Medical Press* have secured the services of a correspondent in this city. We commend both their judgment and their enterprise, and can assure them, from what we know of "Noelma," that they have been fortunate in their selection. It will add greatly to the popularity of the *Press* if it will keep its readers well posted in regard to medical matters in this city.

Periscope.

FOREIGN TRANSLATIONS.

From the German, by THEODORE A. DEMMÉ, M. D.

New View of the Pathology of Tertiary Syphilis.—At a meeting of the Gesellshaft f. Medicin in Berlin, Dr. V. Bärensprung read a paper upon tertiary syphilis.

The author endeavors to show that the secondary and tertiary symptoms are not to be distinguished according to the anatomical regions affected: he asserts that secondary and tertiary syphilis attack the same parts, tissues and organs of the body.

In the course of 6 or 7 weeks after the appearance of an indurated chancre the so called secondary symptoms are developed: this incubation stage is often however much protracted even to 5, 10, or 15 years.

Secondary syphilis, which, besides affecting the skin and mucous membranes may also attack the osseous frame-work, is characterized by superficial inflammation—which upon the skin appears in the form of exanthemata; upon the mucous membranes as affections that heal without loss of substance or the formation of scars. Even the muscles are subject to this diffuse hyperæmic condition, at least the so frequently occurring rheumatism in secondary syphilis can only be explained upon this supposition. Finally the iris is affected.

As a characteristic distinction between the secondary and tertiary forms of the lues venerea, the disease of the bone occurring in the latter is usually regarded; but bone is often the seat of secondary syphilis. * * * * *

In tertiary syphilis we also have disease of he skin—which however is not superficial, but is marked by the exudation of a gelatinous matter [Gummata], by tuberculous infiltrations and ulcerations, which latter upon being healed leave extensive radiating scars.

We also have disease of the mucous membrane—we see circumscribed patches of inflammation having a tendency to perforation and to extending to the neighboring parts. As in secondary syphilis we have iritis, so in the tertiary stage, of a much more serious nature however.

The tertiary affections of the bones, which appear most prominently in the foreground, consist in a tuberculous deposition with the consequent development of caries and necrosis.

It may be incidentally mentioned that almost every internal organ may be affected

with tertiary syphilis, there being generally a deposit of friable tuberculous matter.

From the foregoing it would appear, that the chief difference between secondary syphilis and tertiary syphilis lies not in any anatomical distinction of parts affected but in a pathological distinction—in the character of the exudation, which, in the latter is of a *tuberculous* character.

Tertiary syphilis should therefore most properly be described as a *syphilitic tuberculosis*.

The hypothesis that the tertiary is but an advanced stage of secondary syphilis appears not to be correct. 1st, from the fact that after a long incubation tertiary symptoms at once appear—and 2dly, inasmuch as tertiary syphilis is of such rare occurrence—out of 50 patients laboring under secondary syphilis, but one may have the tertiary symptoms.

The causes of the appearance of tertiary syphilis appear to be—

1. A raw northern climate, which produces the well known Frambœsia Scotica, Lepra borealis, Morbus Croatus, etc.
2. Broken down constitution.
3. Misuse of the mercurials.

According to V. B., there is no specific against syphilis—as soon as the disease has become constitutional, we no longer have a specific virus which is to be sponged out or chemically antagonized. He looks upon syphilis as a dyscrasis, that is, as a disease of the whole organism, analogous to scrofulosis. Mercury he regards as positively injurious in syphilis.

A laxative, diuretic, and diaphoretic treatment, with a simple, unstimulating diet is advocated: the rationale of this mode of treatment is, that the excreting organs being stimulated, a more active nutrition takes place, and in consequence the whole organism is roused into a healthy, invigorating activity.

From the French, by Ch. F. J. Lehlbach, M. D., of Newark, N. J.

Extraordinary Development of the Mammary Glands in a Young Girl.—Doctor *A. Dechambre*, the Editor in chief of the *Gazette Hebdomadaire*, reports in that journal (October 29th, 1858, p. 757), the following case occurring in the Charité, under the service of M. Manec. The patient is a young girl, seventeen years of age, brunette, thin and somewhat tall, presenting an excessive mammary development. The mammæ are two enormous pedunculated appendices, weighing, (as far as could be determined,) the one nearly 19 pounds, the other about 18, and reaching down to the pubis. The circumference of each peduncle is about 20 inches, that of the mammæ at their greatest width, about 30 inches on the right, and 31½ on the left. Throughout this whole mass, hard bodies more or less separated from each other, are distributed, which are evidently hypertrophied lobules of the gland. But not only the gland, but the cellular tissue, as well as the integument, is hypertrophied. Proof thereof is, that the skin is not put on the stretch, as in common tumors of the breast, but is entirely free, except around the peduncles, where the weight of the gland of course renders the integument more tense. The areola is extremely large.

This affection (relieved afterwards by amputation), commenced two years ago, without any known exterior cause. The patient had her first menstruation when she was sixteen; it then disappeared for eight months, and has never been regularly established.

Cases of this kind are not very rare. Sir Astley Cooper has collected a number of cases in his works; Cruveilhier has also reported several in his pathological anatomy. Many surgeons have met with them in their practice. Recently, the "*Annali Universali di Medcina*" contained an observation of the same kind, in a woman twenty years of age. In that case, the hypertrophy had commenced with pregnancy. At the end of the third month, the weight of each mamma was estimated at about 37 pounds. The young woman was at the proper time delivered of a healthy female child. Lactation was abundant. Five weeks after delivery, one gland was diminished one-half, the other four-fifths.

That virgins are more exposed to hypertrophy of the mammæ than married women, as Cooper thought, seems not to be well established It is at least certain, and the two preceding observations show it, that slow or irregular menstruation and the commencement of pregnancy may both be conditions favorable to the development of the disease. It is said, besides, to occur in males. Curveilheir has cited an example.

In No. 47 (19th November), of the same journal, pp. 807–8, the operation is described, by which the two hypertrophied breasts were removed. The following is the result of the *microscopical* examination of the removed glands, made by Dr. Verneuil:

"The tissue is of a light rose color, tolerably soft, and here and there of strong cohesion; its cut surface is smooth, shining, homogeneous;

it presents, with the exception of the color, entirely the appearance of a healthy gland, not in the state of lactation.

"There are seen, here and there, some openings large enough, when pressure is applied, to permit the escape of a very small quantity of a viscid, transparent liquid, analogous to the synovial fluid. These openings are nothing more than the lactiferous tubes, cut across.

"Under the microscope, the structure is exactly the same as that of the breast of a girl who has never been a mother. The chief mass of the growth is made up of loose fibrous tissue, which, treated with acetic acid, shows a large number of nuclei. This tissue is traversed by excretory ducts of considerable volume, apparently thickened. Here and there groups of glandular bodies are found, small, and composed of five or six elongated cul-de-sacs. These glandular elements constitute only about the thirtieth part of the tumor.

"The capillaries are very numerous; no nerves were discovered in the fragments that were examined."

The patient is doing well, and will undoubtedly recover.

Electrical Anæsthesia.—There is great diversity in the reports of the efficiency of electricity as an anæsthetic in tooth extracting. The *Cincinnati Lancet and Observer* reports the case of a lady, who described the operation as an "indescribable misery," and she complained for three weeks afterward of "a strange vibratory sensation, commencing at the cervical vertebræ, and extending to the extremities." The writer remarks, that "physicians as conservators of the public health, should not be too hasty in using new agents heralded before the people in this fast age, by persons whose great sympathetic nerve lines the parietes of their breeches pockets."

Voltaic Narcotism.—The London Medical Times gives an account of some experiments by Dr. Richardson in what he calls "Voltaic Narcotism:"

It is stated that by applying a narcotic mixture to a part, and covering this part with a plate connected with the positive pole of a voltaic battery, and the negative pole to an adjoining point, he could produce complete insensibility of the parts included.

The narcotic solution used was composed of equal parts of chloroform and tincture of aconite. In twelve minutes the parts on animals became so insensible that they could be divided without pain, and the effect lasted for half an hour. A nævus was, under this influence, removed from the neck of an infant without pain.

Psychological Knowledge Gained through Chloroform.—The following letter from Charles Kidd, M. D., we copy from the *European Times.*

"It is only within a few weeks that it has been clearly proved that the endowment called *common sensation*, the great root of consciousness as shown by Locke, Liebnitz and Schlegel, is not psychologically the same as the sense of *touch*, with which Dr. Snow and others have confounded it. Thus a man may have a red hot iron applied to his arm or leg under the influence of chloroform; he feels no pain, but he feels the iron as an affair of *touch* streaking out lines on his skin. The bearing of this fact on the phenomena of insanity, sleep and dreams, is most extensive. In the same manner, a woman in labor, with proper doses of chloroform feels no pain, but is quite conscious of the process of parturition *quoad*, the muscular sense, (that would be agonizing cramps otherwise) going on as usual. This has only recently been shown by M. Brown Sequard to depend on the fact already stated, but not suspected by Dr. Snow, who chiefly experimented on rabbits and dogs; indeed, a new world has, since his death, been opened up as regards the psychology of chloroform in relation to ordinary sleep, common sensation, touch, dreams, sympathetic action, emotion, reflex action of the sensorium, or soul itself on the body, etc., so that the subject is only in its infancy. I may say in conclusion, as a natural corollary, from these discoveries, Dr. Snow's opinion as to one cause of death from choloroform is not held by good physiologists. Mr. Coates makes out five causes. Mr. Coates says, too, ether is much more dangerous than chloroform. The subject is one of vast popular interest."

Dr. Miner, in an article on tetanus, in the Buffalo Medical Journal, alluding to the general fatality of this disease, and the liability of this opinion to attack by those who are anxious to report some wonderful remedy, remarks: "It is not so dangerous to be attacked in our opinions by doctors who lose no cases of tetanus, or croup, or similar diseases, usually fatal in other hands, as to be doctored by them."

Epicystotomy.—A modification of the high operation for stone in the bladder has been recently performed by Dr. H. S. Hewitt, late of the U. S. Army. (*N. Y. Jour. Med.*)

The bladder was emptied of urine and injected with tepid water nearly to its capacity. The ordinary vertical abdominal section was then made until the distended viscus protruded into the incision. The distension of the bladder being no longer necessary, the water was evacuated through the retained catheter, upon the point of which the flaccid viscus was then raised, and a strong suture passed through its coats for the purpose of holding it in position, and retaining it under complete control. The place of incision being selected, and the absence of peritoneum certified, the bladder was pierced, the forefinger of the left hand of the operator introduced and the division completed upon it as a director longitudinally downward to the requisite extent; slender forceps were then introduced and the stone removed. The incision in the bladder was immediately closed by four points of interrupted silk suture, inserted with the aid of a sharp artery needle, and the supplementary suture of support withdrawn. Owing to the admission of air, the bladder manifested a tendency to bulge between the recti muscles. To obviate this, and to prevent possible strangulation, the sutures used in closing the external wound were carried deeply through the substance of these muscles, and the inflated bladder thus, on bringing the edges of the incision together, pressed back into its natural position. The long ends of the cystic sutures, and of the ligatures of two small arterial branches having been properly distinguished were brought out at the lower end of the opening. Lastly, a gum elastic catheter was passed through the urethra, and secured by adhesive strips to the penis, through which a perfect drainage was maintained, and infiltration prevented.

On the fifth day the bladder gave evidence of integrity by expelling its contents independently and the catheter was accordingly removed. A temporary check to the cure occurred by the patient allowing the bladder to become extremely distended until the accumulated fluid burst through the new adhesions. The fistula resulting was not interfered with, and it closed on the nineteenth day from its occurrence. On the tenth day the sutures and ligatures came away together, and on the twenty-first the patient walked out, and is at present well.

The writer believes this to be the first case of high operation performed by *selection* in America.

Idiopathic Abscess of the Tongue.—Dr. Holmes Steele reports in the *Oglethorpe Med. and Surg. Jour.*, a case of this rare condition. The tongue and the surrounding tissues were extremely tumified, but the suppuration occurred on the right side of the mesial line. The general system of the patient, a clergyman aged fifty-five years, suffered severely until effectually relieved by a free and deep incision evacuating the pus.

The case illustrates the rapid course of the glossitis, which occurred without any apparent cause, terminating in abscess in thirty-six hours, and shows the propriety of the speedy resort to the only real relief in such cases, *free and deep incision.*

The *New York Journal* for March comes to us replete with original and interesting matter.

Our space will not permit us to notice each article, and our selection must not be construed as disparaging any that are omitted in this notice.

ART. I., by John W. Corson, M. D., on *The Management of the Shoulders in the Examination of the Chest*, is full of valuable practical hints in diagnosis. We give his method, viz:

1. Extracting the shoulders and arms, by holding the left wrist with the right hand easily behind the loins, so as to expose the front and sides of the chest.

Advantage of this position, &c.: Gives perfect symmetry, so necessary in these examinations, without the usual awkward expedient of placing the patient like a recruit against a wall. In muscular subjects this throwing the surface at the apex may aid us in deciding when there is the first faint indication of consumption. It is the best position for inspection anteriorly.

2. Raising the shoulders and arms in the usual manner, by locking the hands over the head, to examine the axilla, and spaces below them. Valuable in searching for pneumonia, pleuritis and tubercles, in the localities mentioned.

3. Elevating the shoulders, by crossing and grasping the arms tightly behind the head, so as to hoist the scapulæ to the highest point, and help uncover the lower part of the lungs at the back. Useful in searching for effusions.

4. Depressing the shoulder by bending for-

ward, crossing the arms, grasping at the loins, holding fast, and then unbending so as best to expose the apex of the lung behind. To detect tubercles burrowing behind the shoulder.

5. Separating the shoulders to the utmost, by crossing the arms, grasping the shoulder-joints with the hands pulling strongly, and holding fast, to uncover the lungs behind. In this position, says our author, the range of palpation and percussion is increased.

6. Dropping the arms motionless by the side, and breathing deeply, to show behind any stiffness of either shoulder, from disease of the lung, on taking sight across, or measuring with the eye and fingers the vibrations both of the acromion process and inferior angles. From observation, he continues, comparing the rise and fall of the shoulders behind, in strong breathing, there is loss of motion over the lung most diseased. To fortify this position, a table of 18 cases is exhibited in confirmation.

ARTICLE III. *The Hymen:* by T. Gaillard Thomas, M. D.—In point of literary merit Dr. Thomas' article on the hymen is especially deserving commendation: he completely exhausts the subject. The Dr. leads the reader in pleasant succession from ancient to modern times, illustrating concisely each position. Much good can be done by thorough information on subjects which place life in frequent jeopardy.

Dr. T. takes the ground that the presence or absence of the hymen is not a proof of want of chastity. It as a link in the chain of evidence is of value; as a conclusive and universal test it is utterly worthless as a proof of virginity.

We have an elaborate dissertation on diseases of the hymen, enumerated as follows:

1. Fibroid or cartilaginous degeneration. 2. Ossification. 3. Aphthous ulcerations. 4. Inflammatory ulceration. 5. Irritability accompanied by spasms. 6. Imperforate condition.

The second variety, ossification, says the Dr. is rare, he was unable to find a recorded case. Dr. W. Van Buren reported a case seen in Rouen under M. Flaubert, of an old woman, aged 75, in which the hymen was discovered completely ossified.

4. This variety is especially important, as often mistaken for rape. The physician is cautioned against hasty diagnosis.

5. This variety is illustrated with a number of cases: cure alone effected surgically.

6. Dr. T. guards the profession against the idea that the operation of incision in this deformity is innoxious, having seen death from peritonitis follow a number.

Dr. T. closes his articles with the causes of persistence of the hymen after copulation, in a few well drawn deductions.

1. Degeneration of its structure.
2. Extreme elasticity and distensibility.
3. A small male organ and hymen with large fenestra.
4. Existence of vaginal or uterine secretions.

We have run over the essay hastily, but its depth of research and facts of legal weight, will amply repay an attentive perusal.

Medical News.

COMMENCEMENTS.—*The College of Physicians and Surgeons*, the oldest of the Medical Colleges of New York, held its annual commencement exercises on Thursday evening, March 10th. The degree was conferred by the President, Dr. Delafield, on *thirty-nine* candidates, to each of whom the Hippocratic oath was administered. The valedictory address to the graduates was delivered by Dr. Delafield, after which two prizes, one of $50 and one of $25 were conferred for the best medical theses. There were fifty-eight competitors for the prizes, which were conferred on Mr. ROBERT F. WEIR, of New York, and Mr. GEO. MCCUNE, of Indiana. The parting oration was delivered by Mr. RUFUS O. MASON, of the graduating class. The exercises were closed by a few remarks from Dr. A. H. Stevens.

The Jefferson Medical College of this city held its commencement on Tuesday, the 15th inst., on which occasion the Degree of Doctor of Medicine was conferred on 256 young gentlemen. The valedictory address was given by Prof. Franklin Bache, M. D. The exercises were conducted in the presence of a very large and intelligent audience.

On Thursday the 17th, the *Medical Department of the University of Pennsylvania*, held its annual commencement. The Degree of Doctor of Medicine was conferred on 140 candidates for the honors of the doctorate. The charge to the graduates was given by Prof. Henry H. Smith, M. D. As is usual on these occasions, the audience room was filled by an attentive and highly respectable audience.

The commencement of the College of Pharmacy of this city, was held on Thursday evening, the 17th inst., on which occasion the degree of Graduate in Pharmacy was conferred on twenty-one candidates. The valedictory address was delivered by Prof. Robert Bridges, M. D.

Quackery.—A subscriber in Indiana sends us a paper with an advertisement in it purporting to be issued by the "Howard Association of Philadelphia." We can assure him that the whole thing is an abominable piece of quackery. There is no such association here, chartered or otherwise. Some mercenary individual has assumed the title, and advertises in papers *at a distance*, that he may deceive the unwary, under cover of a specious name.

Another subscriber, from Ohio sends an advertisement cut from a newspaper, purporting to be issued by "the British and Foreign Infirmary for the cure of Deafness, Head and Mind Complaints!" Of course it is an imposition. The fact of its appearing as an advertisement in a newspaper, is *prima faciæ* evidence of the fact. We have quackery enough in our own country, without going across the ocean for it. If our correspondent wishes to be properly treated for his deafness, let him place himself in the hands of a well educated surgeon. What he cannot do for him, quackery of any kind will most certainly fail in. It would be worth while for him to visit this city, where he will be sure of obtaining reliable advice.

The Department of Medicine and Surgery of the State University of Michigan contains 143 students.

More than twenty-five thousand children, under ten years of age, die in the city of London every year.

Intra-mural interments in the city of London have, under the act of Parliament regulating the subject, almost entirely ceased. Most of the graveyards are now closed, and the remainder will by law soon discontinue to be used for interments.

The English Naval Surgeons are again agitating the subject of equal rate, pay, etc., with Army Surgeons.

Bastardy in Scotland.—Recent registration in Scotland shows that nearly every tenth Scotchman is a bastard. During the year 1858 the illegitimates numbered 9,256, against 94,939 legitimate.

In the London Cancer Hospital, four hundred patients are constantly under treatment.

Pamphlets Received.—1. The Sixth Annual Report of the Pennsylvania Training School for Feeble Minded Children: from Dr. Parrish. Further notice hereafter. 2. A Catalogue of the Officers and Students of the State University of Michigan for 1859. 3. Valedictory Address delivered before the Graduating Class of the Philadelphia College of Dental Surgery. By J. H. McQuillen, D. D. S., Professor of Anatomy and Physiology: from the Author. 4. Historical and Biographical Address delivered before the Cortland Co. (N. Y.) Medical Society, at the 50th anniversary meeting, Aug. 10, 1858. By Geo. W. Bradford, M. D.: from the Author. 5. The Treatment of Dysentery, by W. S. Forwood, M. D., of Darlington, Md. (from the Charleston Medical Journal and Review.) From the Author.

Erratum.—In our last number, p. 426, Dr. Gebhard is represented as saying that the term *Enteric Fever*, as used by Dr. Wood, is *in*appropriate. It should read *very appropriate.*

MARRIAGES.

O'Meagher—Kiernan.—In New York, on the 26th of February, Wm. O'Meagher, M. D., one of the editors of the *New York Medical Press*, to Cecilia, daughter of F. Kiernan, Esq., Surgeon R. N., of Kingston, Canada West.

DEATHS.

Death of Dr. Mütter.—Just as these pages are passing through our hands for final revision, the telegraph brings us the sad intelligence of the death of Thomas D. Mütter, M. D., of this city. Dr. Mütter, it is well known, has been in ill health for some years. A few months ago he returned from a European tour, which he had taken for the benefit of his health, and has been spending a portion of the winter at the South on the same account. He died at the Mills House, Charleston, S. C., on Wednesday night last. He was about sixty years of age. The news of his death will cast a gloom over a very large circle of professional and other friends in this city, and will be felt by hundreds of practitioners in all parts of our own and in other countries, who have sat under his teachings. We shall in a future number give an extended notice of his life.

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 127. PHILADELPHIA, MARCH 26, 1859. NEW SERIES, VOL. I. NO. 26.

Original Communications.

Veratrum Viride—American Hellebore.

By Thos. W. Foster, M. D.,

Resident Physican at Philadelphia Hospital.

Being among the first to try this medicine after its introduction to the profession by Professor Norwood, of South Carolina, and having used it in my practice for seven years, I feel competent to speak of its remedial qualities, and its adaptation to certain forms of disease. Many valuable remedies have fallen into disrepute, and often into oblivion, from not being administered properly. We are liable to the fault of praising an article too much sometimes, but oftener of throwing it aside, and letting it fall into undeserved neglect, simply because a hasty trial of its effects has not justified the encomiums first bestowed upon it.

Occasionally, too, from wrong application and improper doses we fall out with a very deserving remedy. In the use of guaiac, for instance, as an emmenagogue, Dr. Dewees was very successful in the treatment of amenorrhea. Yet so many failed to derive benefit from this article, that all the reputation of Professor Dewees was necessary to support it in the estimation of physicians. I have known a medical man of reputation to try the veratrum in large doses and small ones, and the result of his experience, as given to me, was, that in small quantities it was inefficient, in large doses violent and dangerous. Another has said to me, "I have used the tincture for a week without any benefit." Upon inquiry I have learned that he had given the ordinary dose to commence with, and continued without any change. A third has given it properly until he obtained the full sedative effect upon the circulation, and then omitted for half a day, allowing the patient to get entirely free from its influence; the heart and lungs resuming their tumultuous action. Now, this course of procedure is only calculated to tamper with the patient's stomach, and bring a valuable medicine into disrepute. Allow me to insist upon its being given and continued in a certain way, premising that it is entirely contra-indicated when gastric irritation is present, exhibiting itself before the sedative action of the remedy is obtained. I have administered this article in various doses and at different intervals, yet my experience approves of but one plan, and it is this: First give to an adult six or eight drops, ordering the nurse to increase one drop every three hours till vomiting is produced; then to reduce the quantity one half, to be continued at the same intervals. In this way you may reduce the pulse from 130 to 75 in the course of twelve hours. At your next visit you will probably find a moist and pleasant state of the skin, instead of a hot and dry one; a condition of pain and jactitation replaced by one of comparative ease and quiet.

The emesis produced by this medicine is very active, yet more under our control than vomiting from almost any other cause. A teaspoonful of paregoric, Jamaica ginger, or brandy, in conjunction with a cataplasm of mustard to the epigastrium, is amply sufficient to restore composure. The emetic effect is not necessary, in every instance, to insure its full sedative influence; on the contrary, we sometimes find a circulation sufficiently reduced before nausea occurs, but we generally need an emetic in the outset of acute

diseases to cleanse the primæ viæ, and I find it easier to regulate the dose after this point is attained. Let me here say that it is much better adapted to acute cases, attended with rapid pulse, than to those of a chronic nature. This remedy has been objected to on account of its power, and the fear entertained of leaving it in the hands of a nurse. I consider it a safe remedy, varying less in its effects than any medicine within my knowledge; and there need be no apprehension of danger, where it is given according to the direction laid down above, in the hands of a nurse of common sense and ordinary care. If the attendant possess not these requisites, then it would be more dangerous to leave opiates for them to administer; because the preparations of opium given in a poisonous dose, would not be thrown off, like the veratrum.

Though I have used it in many different affections, yet my experience is more extensive with it in the treatment of pleurisy, pneumonia and typhoid fever — the two latter being more prevalent about my latitude in Kentucky than any other. I never thought it shortened the duration of typhoid fever, but pneumonia has been abbreviated nearly one half. The principal part of my treatment in this disease consisted in giving veratrum every three or five hours, and calomel and Dover's powder at night. It is a powerful expectorant, occasionally producing a secretion so profuse as to be rather objectionable. Some tendency to increase the flow of urine, but no decided purgative effect has followed its use in my hands. Some say that it excites the peristaltic action of the intestines, but I think they have mistaken the *post hoc* for the *propter hoc*, for I have given it freely throughout an attack of typhoid fever, with a manifest decrease in the diarrhœa usually attending it. My typhoid patients require fewer visits while under the influence of this remedy than any other, and my success, in conducting the disease to a happy issue, is much greater than formerly. Its sedative influence upon the heart's action is vastly preferable to digitalis, first because its specific effect is more speedy, never disappointing me, and secondly in being more manageable, producing an alterative effect upon all the secretions. In one case of puerperal peritonitis, following a premature labor, I found it of great benefit. During a month past I have used it in many cases of chronic rheumatism, occurring in Philadelphia Hospital, with manifest benefit, yet I cannot give it the credit of being a curative in this disease. I observed, however, in every case where it was withdrawn for 24 hours, that the patient was not so comfortable.

I should have observed in the beginning of this article, that Prof. Tully, of Yale College, and Dr. Osgood, of Providence, used the veratrum so early as 1835, yet Dr. Norwood deserves the chief credit for arousing the attention of medical men to the benefits resulting from its use.

Resumé of a few of Ricord's Lectures of 1857 and '58, at Hopital du Midi, Paris, on the Chancre.

By Robert Bolling, M. D.,
Of Philadelphia.

Two Forms of Chancre.—1. Simple or soft; 2. Indurated or infecting. *Differential Diagnosis, &c.*—The simple, non-infecting chancre, preserves to the tissues on which it is located their natural softness and elasticity. It is, in a word, a chancre with a soft base. Sometimes inflammatory symptoms may arise, and produce a hardening of the base, more or less marked, but this hardening is entirely different, and easy to diagnose from the peculiar induration of the other variety of chancre. Simple chancre is generally multiple, and its pus possesses in a high degree the power of innoculation, and it preserves, too, this innoculating power through the whole of its course or duration.

It is a chancre with a great tendency to spread, as well as destroy, and the variety that runs into phagedena the most often.

Hard chancre, infecting chancre.—Its base is indurated, and the induration is special and pathognomonic. It is generally solitary, sometimes, though rarely, multiple. Its pus loses its specific virulence rapidly, especially for the

patient affected, who becomes, after a few days even, refractory to innoculation from pus taken from his own chancre. The infecting chancre has but little tendency to spread, limits itself promptly, and cicatrizes spontaneously. It is rare, very rare, that it ever takes on a phagedenic form.

Simple chancre is common, the infecting chancre relatively rare. In 10,000 cases carefully observed at the Hôpital du Midi, 2,000 were indurated, and 8,000 simple; 4 simple non-infecting chancre, for 1 infecting. Simple chancres seem excluded from one part of the body—the head; the infecting is common, especially on lips and tongue, as well as on parts, common alike to the soft chancre.

Simple chancre will reproduce itself by innoculation with the lancet, under its own proper form, forever, and on the same individual.

The infecting or hard chancre only appears once under the same form, in the same individual.

The difference that exists in the sympathetic buboes accompanying each variety of chancre is constant and well marked. In simple chancre, the ganglionary affection is not "obligatory"—but in an infecting chancre always, without exception. The symptomatic bubo of simple chancre is acute, mono-ganglionary. and suppurates, as a general rule; the pus that this bubo secretes is innoculable, and produces at any period, and on any subject, the characteristic pustule of simple chancre.

The bubo of infecting chancre is "cold," without pain or febrile symptoms, indolent and multiple, producing in the ganglia the induration peculiar to this chancre, never suppurating under the simple influence of the diathesis; causes foreign to the diathesis may produce suppuration sometimes, as scrofula, etc., etc. These buboes never secrete a pus that has the power of innoculating.

The time of its appearance is precise and constant, it coincides with the induration of the chancre that accompanies it.

"Origin and Transmissibility" of Chancre.—Simple chancre comes from a simple chancre, and will to perpetuity produce a chancre of the same form.

Hard chancre comes from a hard chancre, and will by innoculation produce a chancre of the same form, except in those laboring under a syphilitic diathesis, viz: it has been proved by observation and experience, that a hard chancre innoculated on an individual who has already had a hard chancre, will produce a chancre having a soft base, resembling in every outward respect, a simple or soft chancre, but it is only a soft chancre in appearance, for its pus will, on a "non-syphilized" person, produce a regular hard or infecting chancre.

The simple chancre, then, is simply a local lesion, without the slightest influence on the economy. It is a chancre that gives rise to no syphilitic diathesis. The indurated chancre creates a diathesis; a general morbid state; it is the exordium of true syphilis, or of the syphilitic diathesis.

The Physician in his Moral Obligations.

By D. S. Gloninger, M. D.,

Of Philadelphia.

In attempting this theme, it will not be our aim to pronounce a panegyric upon the dignity of our noble profession. Our mission is known. It is a life of toil, with here and there an oasis to refresh us in our pilgrimage.

In epidemics, when death with dismal pall hangs over the land, and victim after victim falls like leaves in autumn, the physician still lingers around the couch, like an angel of mercy, to assuage the languishing, or give some solace to those whom the ties of nature have left or are forgotten. Whilst sleep refreshes the multitude, the midnight lamp still burns, the scalpel or microscope trace out the morbid tissue, until the lurking enemy is found and the destroyer stayed. What aching, unremitting toil; what trying search, what anxious bosoms heave unseen and unknown to the world at large! Our profession knows no rest; onward and upward it mounts; difficulty upon difficulty passes away, like the clouds of the mountain, thinning and removed the higher we ascend, until, under the genial rays of science, our vista, as a bright and a beautiful landscape, entrances the eye. These the

world cannot appreciate, it measures us by its own standard; there are a few exceptions, but generally we are viewed as merchandise, as marketable articles, the obligation ceasing when the debt is paid. Can they pay us thus Can they enter into our feelings as we pass to and from the bedside, and weigh us in our mental harassing as we feel the pulse, observe the trembling tongue, and detect the danger. Can they realize our anxiety, or uncover the volcanic forces within. When we see the hectic flush, the dazzle of the glassy eye, the incurving nails, the quick heaving bosom—to them beautiful—a face of loveliness extreme, to us a weight of care, precluding even skill — when we palliate and soothe such, by gentle attention, entering upon their bubble schemes of after years of pleasure—enjoyments soon to pass away—and then gradually disengaging these phantom webs, strand by strand, until we bid them view the danger in the face—can the world enter into the delicacy of feeling which the physician must possess to crush all these, and yet maintain a placid, quiet mind?

We are called hardened and unfeeling when we are calmly dissecting the diseased member to save the sound. They know not the upwelling of feeling, as we see science foiled and skill out-done.

The world calls us prejudiced when we, instructed in the mazes of science, dismantle empiricism, and sound the warning voice of caution to beware the beauty of the theory whose gilding is external, but within "rotten to the core."

The world calls us mercenary when we demand remuneration for services rendered; a few abbreviated lines to them seems too simple to meet a show of gratitude from their hands. They measure us by their rule of propriety; but the profession, conscious of right, and enduring wrong, go heedlessly along in their self-sacrificing career.

The world calls us fanatical, when in hours of apparent health we foretell the devastating epidemic; deriving from research in material kingdoms and natural, data to warn us of danger ahead. We receive their anathemas in silence, conscious that though we have not been accredited according to our desert, we still owe the public high moral obligations, from which neither frown nor ridicule can make us swerve.

The world calls us obstinate, when we endeavor, by the light of reason and past experience, to maintain our views to the end. Should the physician urge upon corporations some scheme of drainage or ventilation attended with expense, they raise their hands and shrug their shoulders, and tell us we are too fanciful, we theorize too much. *They* look on with indifference, *we* observe malaria and miasm generating continual poisons beneath, and would avert them.

Learned advocates in criminal cases taunt and annoy us, when, by some show of learning, dug out from the purlieus of empiricism, they would contend with us against the well established principles of our science. Should the physician remain firm, the world tells us "his obstinacy is ignorance, he would cloak the leprosy of a bad cause."

The world assumes that our services must be theirs, and that we are but automata in their hands, to be moved at will. They might gloat over their conquest, did they ever succeed in dragging us down into so deep a mire. Our obligations are higher in aim and end. We are of a nobler order; we contend that we are the best judges of our rights, and it is effrontery for such to mark our stand-point, or sit in judgment over us.

Our moral obligation is to be firm in all difficulties; to show forth error; to put down false doctrines; not by servility,—this is the world's method, but by the microscopic test of truth. These gangrenous sores must be lopped off, that the body may be sound.

When we assert our dignity and rights, then will justice be meted out, overcoming all prejudices: humanity will defend the right, when right defends itself.

There is a higher obligation still than all these: we occupy a stewardship; as agents deputed to heal, we are honored indeed. Shall we neglect our stewardship in its most important particular?

My brethren will understand me, that I

place our position in a two-fold light: we are *benefactors* in the wide sense, and *conservators of the bodily and spiritual* interests of our patients.

Thus viewed, our privilege is an exalted one. We are the conscience keepers of our patients, to us is frankly unfathomed the secret sorrows of the heart. We observe in health and disease, in times of prosperity and adversity; we cover errors with the veil of charity, or prune them gently from the stem. We are with them in death; we enter into intimate sympathy with their grief, as the trailing vine falls lifeless to the ground. We see the mother fondly clinging to the idol of the household; we closely observe its child-like prattle — see insidious disease blanching it at the hearth-stone, know its meaning, and must tear the film away! But we observe yet more; we are cognizant of false doctrines imbibed; we see their evil influence upon the mind, the countenance and heart; they are unbosomed to none else; *we* are allowed to probe the sore and advise a remedy.

Should *infidelity* be that canker, deluding them from the *hope beyond*, our obligation ceases not until we have endeavored to destroy the monster, or present it in all its hideousness and nakedness to view.

We are called upon to discountenance wrong, and as our position makes us umpires, we should use it to further the best interests of society at large; we are called upon to inculcate religion and morality, and root out vice and immorality.

There is no mooting this position, our every day experience confirms it. Daily intercourse with the sick and dying strengthens the moral obligations of the physician, by every new tie and association. The family relations of our patients are linked with us; should the husband be attacked with disease, the wife and children look up to us with tender solicitude; their stay is in our hands. Did we know the fatal issue, and conceal it from them, we injure irremediably. Our obligation increases in proportion as his strength declines. His temporal affairs should be arranged; the contingencies of widowhood and orphanage are to be provided for. Shall we, by withholding the truth, add fresh poignancy to their grief? Another issue, and we conceive, *the greatest*, frequently presents itself — *the spiritual welfare of our patients.*

Here some retort upon us, that this is without our sphere; we should look to the body, say they, "and leave to another profession the interests of the soul." Such reasoning may seem plausible; is it sound? Ofttimes to none else is matter of such import made known; by our intercourse we obtain the confidence of the sick, can speak without danger of alarm or nervous excitement, and are the best judges of the propriety of doing so. Delay may place this vital interest beyond his grasp. We should use the time, not only to secure bodily comfort, but spiritual, when body and intellect are fast ebbing away. The interests of the future demand that we should, by reason of our moral obligations, never trifle with a subject so full of immortal interests. If our patient is in a condition to bear interviews with his pastor, it is our duty to submit to his or his friends' solicitation. It is far better that the mind should be calm and quiet, even though a little nervous excitement might result; it is of but little moment, if safety is secured beyond. We have been placed in such positions — and who has not — and have had occasion to regret that we have allowed false notions to sway our judgment. We have seen patients enter into judgment with their load of sin unrelieved, and have, in dying moments, heard them cry, "Doctor, oh save me; I am not prepared to die!" A doleful cry, the remembrance of which is grievous to be borne. Neglect here, brings to your door the harrowing reflection of misimproved opportunities.

"Friends, the eye of the world is upon us!" Yea, God will call us to an account for our stewardship. Should the *physician* have neglected to secure the pearl of great price, let him now attend without delay to the overtures, he can then fully understand the worth of that soul, whose clayey tenement he supervises throughout the vicissitudes of disease.

Let him think of the hopes beyond, the pleasures in anticipation, for those who serve the Lord, and can console the dying "with the *hope within the veil*," where sorrow and pain shall be turned into joy, and where disease and death shall be strangers.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

Service of Dr. Gerhard.

Reported by T. A. Demme, M. D.

SATURDAY, MARCH 12.

Aneurism.—This patient I now see for the first time: he presents the general appearance of one laboring under a chronic disease—he is much emaciated, the skin sallow and the countenance haggard.

His occupation has been that of a waiter at a private house. About 18 months ago he was attacked with pain in the small of the back which was referred to disease of the kidneys; this pain has continued ever since; appetite poor, bowels during the last three months inclined to be constipated; never has had vomiting, though frequently troubled by eructation; no cough; tongue whitish and coated; skin natural; pulse small and feeble, but somewhat frequent.

The abdomen is rather shrunken in: upon percussion we find dullness for some distance below the ribs—in the epigastric region there is a strong pulsation—and upon placing the ear upon the epigastrium, there is very perceptible a strong bellows sound, and which is to a certain extent a double sound.

He has had this pulsation at the epigastrium ever since he has been sick.

In the first place, there is in this patient an enlarged liver as told by dullness on percussion in the right hypochondriac region. In the second place, there must be an aneurism, either of the abdominal aorta or of some of the larger branches.

An enlarged liver pressing upon the aorta might to a certain extent cause the bellows sound and the pulsation in the epigastrium—but the liver is not in this case sufficiently enlarged to cause us to hesitate in our diagnosis.

A tumor pressing upon the aorta could also give rise to the same symptoms, but in this case we have no evidence of a tumor.

Treatment.—Rest; bowels regularly moved by Rochelle salts; a light diet; if there is much sensitiveness opium or morphia will be allowed.

Prognosis.—Taking into consideration the probable extent of the disease and the general appearance of the patient, I cannot but form a very unfavorable prognosis.

March 19th. The patient under the treatment pursued, improved considerably—to-day, however, he attempted to shave himself, when suddenly he felt himself sinking and endeavored to reach his bed, which was not a yard from him, but before he could reach it he fell upon the floor—a corpse. The post-mortem has not yet been made.

Transposition of Thoracic and Abdominal Viscera. A patient laboring under dropsy lately died at the hospital, and upon making the post-mortem examination a complete transposition of the viscera was found.

A full account of this remarkable case we will give in the next number of the REPORTER.

HOWARD HOSPITAL.

(*Late Western Clinical Infirmary.*)

Service of Dr. Turnbull.

Reported by A. A. Carruth, M. D., Resident Physician.

WEDNESDAY, MARCH 16, 1859.

Perforation of the Membrana Tympani.—The first case which presented itself was that of Elizabeth Brady, aged 15 years, who complained of ear ache with some discharge—patient states that this occurred soon after an attack of scarlatina; does not remember how long since. The cervical glands and tonsils are somewhat enlarged; upon examining the ear there was found to be an entire absence of cerumen, and upon introducing the ear speculum, and directing the patient to close the nose and mouth and make an effort to blow through the ear, fluid was forced through the membrane, which was found to involve its upper portion. From its occurring soon after an attack of scarlatina it is supposed to be the result of that disease, it being one of its most troublesome and disagreeable sequelæ. The bowels have not been moved for three days; the tongue is covered with a brownish coat, denoting derangement of the secretions.

Treatment.—℞. Hyd. c. cretæ, gr. x.

S. Take at once, and if the bowels are not moved in twelve hours, take

℞. Syrup. rhei aromat. f℥ss.

Also ℞. Zinci acetas, gr. iv.
Aquæ rosæ, f℥ij. M.

S. A few drops to be dropped into the ear once daily, after cleansing with a piece of sponge.

Neuralgia of the Muscles of the Eye-Ball.—Feb. 23, 1859. Mrs. Alice Hughes, aged 44, has for some time been suffering from a pain around the

orbit of the eye and temples, with inability to direct the eye-ball either outwards or inwards for 15 months. From the above symptoms and from the character of the pain it is evidently a case of neuralgia of the muscles of the eye-ball. Has been leeched and blistered, and had drops applied without benefit.

Treatment.—℞. Potassæ iodid. ʒj.
Aquæ, fʒvj. M.

Signa. Tablespoonful three times daily, with pil. rhei at bed-time. The circumference of the orbit to be painted with iodine and collodion.

There was also in this case an abscess of one of the meibomian glands making a small white prominence on the inner margin of the cilia of the lower lid, the contents of which Dr. Turnbull evacuated by means of an incision through the abscess.

March 16th. Swelling at edge of the eye disappeared, pain less, eyes more open; the following pill to be taken three times a day.

℞. Pil. quiniæ sulphatis, ea. gr. j, No. xxxv.

The iodine and collodion again applied.

Otorrhea.—Daniel Shaw, aged 7 years. In this case there is profuse discharge from the ear very offensive, also perforation involving the whole of the membrana tympani.

Treatment.—℞. Zinci acetas, gr. ij.
Aquæ, fʒj. M.

S. A few drops in the ear once a day.

Also ℞. Hyd. c. cretæ, gr. v.

S. Take at once, followed by

℞. Syrup. rhei, fʒj.

To regulate the secretions.

Blister behind the ear to the mastoid region. Local application to the perforated surface by means of camel's hair brush of solution of nitrate of silver, four grains to the ounce.

Acute External Otitis.—Mary Haggerty, aged 30, was attacked two days since with pain in the ear, has taken cold lately from laying off a thick hood and going out with a thin bonnet on a windy day. Attributes her suffering to that cause. Upon examining the ear a slight swelling was seen in front and external to the ear, and the meatus auditorius externus was completely obstructed by the swelling, the diagnosis was external otitis. Six leeches were directed to be applied in front of the ear, after which the following

℞. Hyd. chlorid. mit., gr. iij.
Pulv. ipecac. et opii, gr. xv. M.
et div. in ch. No. iij.

S. Take one every six hours.

Dr. Turnbull also requested me to call and see the patient at her residence the next day, which I did about 3 o'clock P. M. I found the inflammation not reduced, pain and swelling still increasing. Fever high, the patient somewhat delirious at times, (imagining that some one was making an attempt to murder her,) pulse full and frequent; upon inquiry I found that the bowels had not been moved for three days. I ordered six leeches to be applied as before, and a warm hop poultice to be kept constantly applied, and the following cathartic,

℞. Hyd. chlorid. mit.,
Ext. colocynth. comp. āā gr. viij. M.

S. Take at once.

At my second visit, Friday afternoon, patient expresses herself better, skin moist, the bowels have been freely moved, pain and swelling somewhat diminished, has slept none for three nights, two cups and scarificator were applied over the mastoid region, and poultice continued as before.

Also ℞. Pulv. ipecac et opii, gr. x.

S. Take at bed-time.

Saturday morning, patient presents herself at the clinic this morning very much relieved. Iodine and collodion was applied in front and behind the ears, and a piece of cotton saturated with a mixture of glycerin, olive oil and laudanum, was introduced into the ear, and the following

℞. Magnes. sulph. ʒij.
Antimonii et potassæ tart. gr. j.
Aquæ, Oj. M.

S. Wineglassful every three hours.

Reviews and Book Notices.

State of New York. No. 49. *In Senate, February* 3, 1859. *Report of the Select Committee appointed to investigate the Health Department of the City of New York.* pp. 210.

The above is the title of a legislative pamphlet which we have had the pleasure of perusing, containing the report of a committee of the New York Senate, appointed April 3, 1858, under the following resolution:

"Resolved, That a committee consisting of the Senators from the city of New York, (and Mr. Brandreth,) be appointed to make an examination of the health department of the city of New York, and report the same to the (next) Legislature; and also, if any and what legislation is requisite and necessary to increase the efficiency of such department."

If the public health of a city or its sanitary condition is to be determined by its bills of mortality, and the ratio of that mortality to its

population as compared with other cities, it is not a whit too soon that the Legislature was aroused; that it was interposing its authority, by invoking the aids of science and the strong arm of the law, to arrest the mighty tide of sanitary desolation which is sweeping over its great metropolis, ruining its health, wealth and prosperity. A city too, which enjoys to such a high degree by nature, so many essential advantages for salubrity.

The appointment of this committee signalizes a new feature in the history of American legislation. Its investigations strike deep — yea, at the very root of the causes for the excessive mortality in New York city— and when consummated, will lift the mysterious veil which has shrouded those sanitary evils, within whose protean forms lie the true cause for the enormous amount of preventable disease in this and every other large city.

Too much praise cannot be awarded the committee for the highly commendable plan which they adopted to secure reliable information. They acted wisely by availing themselves of the personal observation and experience of twenty medical gentlemen, among whom were to be found the most talented and distinguished physicians and sanitarians in New York city; and if we are not able to endorse all the opinions and deductions presented in their testimony, we are content to receive the leading truths, and the large array of well attested facts with the general conclusions, as to the necessity for the organization of a complete and judicious code of sanitary police regulations.

We are not only gratified with the report of this commission as a sanitarian, but we congratulate the members of the profession of medicine in New York city, that their position before the community is taking a right direction; that their talents and learning, their familiarity with the laws of health, the nature and causes of disease, and their profound knowledge in all matters relating to public hygiene are beginning to be understood and appreciated by those in authority; and to be regarded as essential aids and wholesome guides in carrying out sanitary reforms.

The chief object of the committee, in their examinations, was to discover and correct existing imperfections in the present health laws of the city, rather than to impeach the conduct of officials. To further their plans, they propounded and requested answers to the three following questions:

1st. As to the allegation that the city of New York, in proportion to its population, has a higher ratio of mortality than other large cities in this country and in Europe.

2d. If so, to what general causes is the excess of mortality to be ascribed.

3d. What remedies can be suggested for the removal of so great an evil.

The first question was answered affirmatively; and verified by the full statistics in the conclusive testimony presented in the report; showing that in 1857 there was one death in every 27 of the population. In several other large cities in the United States the ratio was, in Boston, as 1 in 43; Philadelphia, 1 in 53; and Baltimore, 1 in 45. In three wards of New York city, it was shown that the average mortality was as high as 1 in 23.73, while in two others highly favored, it was only 1 in 55.62. It was also proved that the death rate was on the increase, and for the last seven years was far in advance of former periods.

The testimony as to the diseases from which this enormous mortality arises, shows that it is due to the existence of preventable or "internal domiciliary causes of disease over which we have entire control, which we can absolutely prevent, and which, in many places of a good sanitary condition, never exist."

The conclusions drawn by the committee were, "that under proper management New York may become, in whole as well as in part, one of the healthiest cities in the world."

The causes for this amount of disease, and consequently excessive mortality, as propounded in the second question, were clearly attributed to "overcrowded tenement houses, and their improper construction, from deficiency of light and imperfect ventilation; unwholesome food and beverages; insufficient sewerage; want of cleanliness in streets and wharves; a general disregard of sanitary precautions; imperfect execution of existing ordinances, and the absence of a well organized and efficient sanitary police."

It is very evident that the whole bearing of the medical testimony produced before this committee was directed to the value of preventive medicine. We are happy to know that the views of these gentlemen accord with our own, publicly expressed a year ago, that "the mission of the intelligent physician is not confined alone to the cure of disease. The true aim of the medical man is to avert those evils, both sanitary and moral, physical and mental, within reach of science, that are destructive to health and dangerous to life."

Under the third head, the remedy for this

excess of mortality—and this constitutes the intrinsic value of the report—the committee recommend an entire separation of the health department from the city inspector's office, of which it has been a branch for years. This branch, or health department, they propose to confide to a new board, to be called the "Board of Health," with an executive officer under the title of Superintendent of Public Health, and a subordinate sanitary officer for each ward. This Superintendent and his assistants to be qualified practitioners of medicine, competent to detect disease and apply the remedies. The details, which we cannot enter into in this article, embrace all those matters pertaining to the public health.

This proposed change is just what it should be. The public health should stand alone, and it should be confided to those who have made, and who continue to make, the science of hygiene a specialty. The health department of cities like New York, Philadelphia, Boston, New Orleans and others, is safe nowhere else. It should be a permanent office. Its duties are a life study. Its emoluments should be parallel with the skill, the devotion, and the responsibilities involved in the tenure of an office, on which is dependent in a sanitary aspect, the health and lives of half a million of people.

We should be glad to make an extended reference to the valuable medical testimony embraced in this report, and especially to those portions which allude directly to existing sanitary evils in the city of New York, would our limits permit. We would do so if for no other reason than as an act of simple justice, in order to illustrate the deep and abiding interest which our brethren in New York city have evinced for the preservation of the health of the people, by ferreting out the causes of disease, and devising measures for their removal, with a degree of disinterestedness and liberality every way worthy our noble, our God-like calling. And, because their motives are liable to be assailed by the ignorant, and their efforts in the cause of humanity to go unrewarded and to be forgotten. Indeed, in this very report they are not protected from the slanders of interested officials. Their suggestions have been ridiculed, their scientific investigations treated with irony, and their benevolent motives impugned.

But we have already exceeded the limits of our hebdomadal sheet, and we must bring this notice to a close. New York has presented a glorious example to other States in this matter. It is worthy of imitation. That the wisdom of its Legislature may consummate the plan which is offered by the committee in this report, for the "establishment of a thoroughly organized medical police" is our most earnest desire. W. J.

"*Professor Bache's Valedictory Address to the Graduates of Jefferson Medical College,*" is an elegant and dignified address, giving good counsel to the professional neophyte in the beginning of his career, as to books, study, records of cases, medical organizations, adherence to ethics, avoidance of exclusive dogmas, and other subjects deserving his attention. The whole discourse is peculiarly suited to the occasion, and evinces a true interest in the welfare of those for whom it is intended.

The "*Valedictory Address* to the Graduates of the Medical Department of Pennsylvania College, by D. Gilbert, M. D.," is a farewell so appropriate and chaste, and with such sublime moral tone, that its precepts will linger impressively in the memories of those who heard it. In it is the material for life-long reflection, and we advise every graduate to retain his copy of the address for a second perusal, after years of professional toil shall have sobered his early enthusiasm, and inclines him to look yearningly for some real and worthy goal to professional life.

Editorial.

This number closes the first half year, and first volume of the REPORTER, in its weekly form. In reviewing the labors of the past six months, we can see no cause to regret our engaging in the enterprise. On the contrary, we have had daily, and constantly increasing confirmation of the correctness of our judgment in respect to the wants of the profession, as regards their periodical medical literature. The favor with which our journal is received by correspondents in all parts of the country, and by our brethren of the medical press, but more especially—and of far more consequence to us in a pecuniary point of view—our rapidly growing and widely extended subscription list are satisfactory evidence of that fact.

But, agreeable as is the prospect of a highly remunerative medical periodical enterprise—*rara avis in terris*; we rejoice more that we have at last realized the hopes and efforts of years, in being the means of permanently establishing a medical journal, on a plan which is calculated to diffuse practical and general information, in a cheap, readable and attractive form. We rejoice at the increased opportunities we have of endeavoring to elevate the profession of our choice, and of advocating those high moral and ethical principles which are its pride and honor. We have not, however, yet reached the goal of our ambition; have not accomplished so much that nothing remains to be done that is desirable. No one can be more aware of our deficiencies than we are. In many respects our work is susceptible of improvement, and we hope to advance steadily, making such changes as time and further experience suggest, and our means will justify.

None of our readers can conceive of the labors and trials we have passed through since the issue of our first weekly number. The disappointments, the delays, the hopes, the fears, until we felt that we stood upon *terra firma;* and then the actual day and night work which such an enterprise demands, must be realized to be felt with all its crushing weight. But the noble manner in which the profession has responded to our efforts, has been gratifying and encouraging, and the feeling that the success of our enterprise is no longer problematical, has a wonderfully buoyant effect.

The index for the volume just closed, has demonstrated the amount of material which has been prepared for our pages. The number of separate articles exceeds ONE THOUSAND, embracing every variety of topic, interesting to medical men; *all of which* were taken to the printer in *manuscript.* The original contributions to our pages are from the pens or lips of *more than* SEVENTY persons, among whom are some of the most distinguished medical men of the age. These facts alone, are conclusive evidence of the importance of our enterprise, and of the labor required to sustain it.

In conclusion, we would thank the profession for their liberal encouragement, and hope and expect fully to repay them for their confidence and support.

Periscope.

Wurtzer's Operation for the Radical Cure of Inguinal Hernia.—Dr. W. W. Goodwin reports, in the *Louisville Med. Gaz.*, his success in this operation, and says:—It is estimated that one-tenth or one-twelfth of the human family, at some period of life, are subjects of the disease in some form, and that eighty per cent. of the cases are inguinal; from which the great importance of any efficient operation, which is at the same time free from danger, is apparent. The success of the operation, thus far, has been very satisfactory; the few failures that have occurred were principally in cases of long standing, when the rings and canal were greatly enlarged, or from imprudence on the part of patients. In some instances the operation had to be repeated before the cure became permanent. In those cases where the rings and canal are not much enlarged, I am confident that the radical cure may be relied on with the utmost certainty. The operation is almost painless, and almost entirely free from danger. From the best information I can get, it has been performed between two and three thousand times without one fatal result, or any serious suffering or apparent danger in any case. More cannot be said of the most trivial operation in surgery.

Dr. G. recommends a light truss and broad pad to be applied when the patient first assumes the erect posture. The introduction of irritants on the cylinder, as cantharides ointment, as recommended by Rothermel, he thinks entirely unnecessary, and does not believe that it favors the adhesion between the serous surfaces of the inguinal canal and invaginated scrotum, nor that the adhesion of the integumentary surfaces of the plug adds anything to the success of the operation, but regards the occurrence as a positive evil in the event of the failure of the operation, as it would interfere with its repetition.

A southern newspaper reports two cases of poisoning of children by eating the buds of the *yellow jasmine.* One died in a short time, and the other narrowly escaped.

Large Doses of Ipecacuanha in Dysentery.—Dr. W. M. McPheeters reports, in the *St. Louis Med. and Surg. Journal*, his remarkable success in the treatment of dysentery with large doses of Ipecacuanha. This treatment, which seems rather the revival of an old than a new plan, was adopted effectively in the treatment of some fifty cases by Mr. Docker, Surgeon of the second batallion of the Seventh Royal Fusileers, and published in the *London Lancet* during the early part of last year. The cases reported by him occurred in the island of Mauritius, where dysentery is a very prevalent and fatal disease, and having signally failed in relieving it by all the ordinary methods of treatment, he finally resorted to large doses of ipecacuanha.

Encouraged by this success, Dr. McPheeters commenced the treatment of his cases in the U. S. Marine Hospital at St. Louis, by a dose of castor oil, for the purpose of clearing the primæ via of any irritating matters, and then by a decided portion of laudanum, which in almost every instance produced toleration, and prevented even nausea, from the large doses of ipecacuanha with which it was speedily followed. The doses given by him were from ten grains to two scruples, repeated in varied frequency in different cases.

Atropia in Tetanus.—The editors of the *Semi-Monthly Med. News* report the successful treatment of a case of tetanus with atropia, in doses of one twentieth of a grain, repeated every third hour until narcotism was produced. They say, "So far as the illustration of its influence in the treatment of this case furnishes us authority for speaking, we are satisfied that our appreciation of atropine, as a remedy in tetanus, cannot be over estimated. It subdued time and again, with a promptitude and a measure of extent too striking to be mistaken, the increasing spasms, and soothed the general excitement of the system."

Poisoning by Mercurial Vapor.—The *Pacific Med. and Surg. Journal* reports a case of mercurializing by being exposed to volatilized quicksilver, in the operation of burning it from the amalgam, which is the practice in the gold mines of California.

Ipecacuanha in Post Partum Hemorrhage.—Dr. J. B. Read reports, in the *Savannah Journal of Medicine*, a marked case of arrest of uterine hemorrhage after delivery. After the persevering use of ergot, cold effusions on the surface of the abdomen, ice within the uterus, and other remedies, the hemorrhage still continued. Despairing of the patient's recovery, half a drachm of powder of ipecacuanha was administered, in accordance with a suggestion of Mr. Higginbottom, (London Lancet, July, 1845.) "In five minutes vomiting was induced, and with the very first effort the uterus contracted suddenly and firmly, expelling the hand which had been introduced, from its cavity. Her pulse became stronger, color returned to her lips and face, and she exclaimed "I feel all right!" Her vomiting continued, at intervals, for perhaps ten minutes.

The loss of blood in this case must have been very great, as the patient remained pallid and bloodless for a long time.

Dr. Read believes that the result was produced by the simple act of emesis, rather than from any specific action of the article administered. He alludes to the sympathy that exists between the uterus and stomach, to the facts that uterine pains during labor are often accompanied by vomiting, and that vomiting during the latter months of pregnancy, when violent and long continued, produces uterine contraction, and thus may occasion premature delivery.

"The physiology of the act of emesis, the great excitement of the nervous system, produced by it, and the powerful state of contraction into which the abdominal muscles are thrown during the expulsion of the contents of the stomach, will doubtless readily explain the action of the ipecacuanha in this case, whilst from its rapidity of action, and the innocuous qualities of the medicine itself, independent of any special anti-hemorrhage power it may possess, will recommend it to practitioners in preference to other emetic agents."

The Common Council of New York having refused to confirm the nomination of Dr. S. Conant Foster to the office of City Inspector, he has requested Mayor Tiemann to withdraw his name. The Mayor has done so, and proposed the name of Elijah F. Purdy, Esq., for the office. The Councils knew that they could not make a political tool of Dr. Foster, and they hesitated not to sacrifice the health interests of their great city to political expediency.

We learn that Dr. Alfred Stillé has resigned the Chair of Practice in the Medical Department of Pennsylvania College, which he has filled with such distinguished honor to himself and advantage to the school.

Medical News.

Bottles to Prevent Accidental Poisoning.—A bottle has been recently patented in England, to obviate the frequent recurrenee of accidental poisoning, which has of late years excited so much painful attention in that country.

The object sought to be obtained, was a bottle which should present so marked and sensible a difference in appearance, touch and use, to those employed for ordinary purposes, that the possibility of mistake would be avoided. The *Lancet* gives the following description of the bottle: In shape the bottles are hexagonal, with deep flutings or grooves running lengthways along the bottles. To sight and touch they instantanously present most striking points of difference from any other kind of bottle. Vessels of this description, made in blue glass, are intended to be used for external applications only. For poisonous or powerful medicines, prepared or not from prescriptions, the dose of which is a tea-spoonful and under, bottles similarly shaped and fluted, in white glass, are proposed to be employed. The bottles are provided with an entirely new contrivance, the effect of which is to make it impossible to pour out the contents otherwise than very slowly and gradually, almost drop by drop. This is accomplished by the simple and inexpensive plan of contracting the neck of the bottle at the lower part of the shoulders, and the mouth being of the usual size, the process of filling is but slightly affected by the contraction. The very deliberate and cautious action thus produced, will, it is believed, deter any one from taking over doses of medicine; while it is difficult to imagine a case in which any one could pour out and take the whole contents of one of these bottles in mistake for something else.

To illustrate the manner in which the patent bottle acts in comparison with ordinary ones, it may be mentioned that not more than a teaspoonful would come out of the one, in the same time that an ordinary phial would take to discharge its contents. A person being about to take a wrong medicine, say laudanum contained in a patent bottle, and proceding to pour it, would be struck by finding that instead of the whole draught having run into the wineglass at once, as usual, merely a teaspoonful would have left the bottle. This would naturally lead to an examination of the label, and consequent discovery of the dangerous error.

Although to employ a two ounce bottle would tire the hand and arm of the holder, yet when only the proper dose is sought to be withdrawn, the patience is not taxed in the slightest degree."

Human Hair.—Five tons of human hair are now in the London hair market. The blonde hair comes from Germany; the black from France.

The French hair harvest alone, amounts to nearly one hundred tons annually.

Pedometer.—An efficient and cheap pedometer has been recently invented, which will measure accurately the distance walked. It is attached to the heel of the boot, and secured by a strap around the instep, and every time the heel touches the ground, in making a step, a ratchet wheel is moved. In appearance it resembles an ordinary riding spur. Such an instrument would be appreciated by many of our city practitioners who are peripatetic in their habits.

Drs. V. H. Taliaferro and A. G. Thomas, of Atlanta, Georgia, propose issuing, on the 7th of May next, the first number of "*The Medical and Literary Weekly.*" Its objects, as announced, are good, and we hope that the editors will succeed in rendering their enterprise worthy of support, and that it will be supported.

Dr. I. I. Hayes is giving a course of lectures in this city on Arctic Explorations. Dr. Hayes has in view further explorations of the Arctic seas, with the hope of effecting an entrance into the open polar sea supposed to have been discovered by the late lamented Dr. Kane.

DEATHS.

LORAIN.—Died, on the 8th inst., Dr. Henry Lorain, of Clearfield, Pa., aged about 61 years.

At a meeting of the medical profession of Clearfield county, convened in respect to his memory, the following preamble and resolutions were adopted:

Whereas, Almighty God has been pleased to remove from our midst our friend and brother, Henry Lorain, M. D., we deem it our duty to offer this tribute to the memory and character of the deceased.

Professional eminence crowned the life and labors of the late Dr. Lorain. Enjoying in the outset, as a student of medicine, distinguished advantages, he

laid the foundation of what proved afterwards to be a long, useful and honorable career. Thirty-five years of professional toil and devotion secured a name and place high up in the roll of medical men.

As the brother-in-law and pupil of the late Professor Dewees, of the University of Pennsylvania, he sat at the feet of a great medical Gamaliel.

Most men in their vocations have an *individuality*. Dr. Lorain was distinguished by marked *traits*, admirable in his profession. To be sent for—to be called in—was for him to go at once. Nothing delayed or prevented him. Dispatch was not only the word, but the act. Quick to decide, and generally prompt to execute, he would go, prescribe, and possibly be half way back, before many a tardy practitioner would be well on the way. He accomplished a great deal in a short time. Delay or inattention was never laid to his charge. The summons to the bedside of the poor was obeyed with as much alacrity as that to those more favored of fortune, and their grateful tears bedew his memory.

Though his field of labor was wide and rough, he never hesitated. His habit was energy, and so it continued to be, until his bodily infirmities began to bear upon him. In these respects his example is valuable and instructive. Let his juniors and survivors in the profession follow his example.

The above testimony to the merits of a venerable and eminent man, is heartily felt, and it is believed truthfully expressed, and it is due to ourselves that we publicly acknowledge the worth of the deceased. It is due, and justly, to his memory and family circle. His sons, daughters and kindred well deserve it at our hands. Therefore, it is

Resolved, That we acknowledge devoutly the hand of God in this dispensation.

Resolved, That in the preceding act we discharge a personal, social and moral duty.

Resolved, That while, as a physician, his practical ability and sound judgment secured a deservedly high position, his courtesy and candor won for him the esteem and confidence of all his associates.

Resolved, That as a man, we bear testimony to his integrity, in all his relations to the community in which he lived.

Resolved, That while we deplore his death, and feel for his afflicted family the deepest sympathy, we rejoice in the hope that he is in the enjoyment of a blessed immortality.

R. V. WILSON, *Pres't.*

D. O. CROUCH, *Sec'y.*

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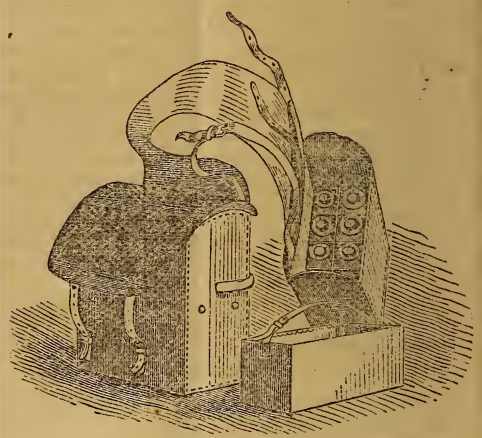

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" "	4		Pots,	" "	and	
" "	1		Mortar,	" "		$15 50
No. 3, containing	18	1	oz.	Ground Stop. Bottles,		
" "	10	½	oz.	" "	and	
" "	4		Pots,	" "		$12 00
No. 4, containing	20	1½	oz.	Ground Stop. Bottles and		
" "	2		Pots,	" "		$8 50
No. 5, containing	15	1	oz.	Ground Stop. Bottles,		$6 50

Round Top Medicine Trunk, Made of Russet Bridle Leather.

No. 1, containing	9	1½	oz.	Ground Stop. Bottles,		
" "	18	1	oz.	" "		
" "	18	½	oz.	" "		
" "	4		Pots,	" "	and	
" "	1		Mortar,	" "		$20 00
No. 2, containing	7	1½	oz.	Ground Stop. Bottles,		
" "	14	1	oz.	" "		
" "	14	½	oz.	" "		
" "	4		Pots,	" "	and	
" "	1		Mortar,	" "		$16 50
No. 3, containing	14	1	oz.	Ground Stop. Bottles,		
" "	14	1½	oz.	" "	and	
" "	4		Pots,	" "		$13 00

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